2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # P02000101725** 04-23-2004 90238 037 ***150.00 C. P. BROKERAGE, INC. Principal Place of Business Mailing Address **5864 WINDSOR COURT** 5864 WINDSOR COURT J4Ub1414 BOCA RATON, FL 33496 BOCA RATON, FL 33496 3. Mailing Address P. O. BOX 26-6815 2. Principal Place of Business Suite. Apt. #, etc. Suite, Apt. #, etc. 02192004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 42-1563771 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name SPEAR, GLENN Street Address (P.O. Box Number is Not Acceptable) 8350 N.W. 52ND TERRACE **SUITE 301** MIAMI, FL 33166 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Delete **Change** TITLE TITLE Addition PEDVIS, CAROLE NAME NAME STREET ADDRESS 5864 WINDSOR COURT STREET ADDRESS BOCA RATON, FL 33496 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition = NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SECY-TRES 4-20-04

FILED