


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90044 015 \*\*\*150.00

<b>DOCUMENT # P02000101725</b> 1. Entity Name C. P. BROKERAGE, INC.	
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Principal Place of Business 5864 WINDSOR COURT BOCA RATON, FL 33496	Mailing Address PO BOX 26-6815 WESTON, FL 33326
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

SPEAR, GLENN  
8350 N.W. 52ND TERRACE  
SUITE 301  
MIAMI, FL 33166

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PEDVIS, CAROLE 5864 WINDSOR COURT BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BERNARD, RICHARD P 1505 SEABAY RD. WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 all other like empowered.

SIGNATURE: Richard P. Bernard RICHARD P. BERNARD 1/21/07 (954) 385-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECY - TRES Date Daytime Phone