2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000111218

1. Entity Name

COMMERCIAL PROPERTY MANAGEMENT ADVISORS, INC.



Principal Place of Business

1475 WEST CYPRESS CREEK ROAD

SUITE 202

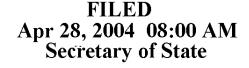
FORT LAUDERDALE, FL 33309

Mailing Address

1475 WEST CYPRESS CREEK ROAD

SUITE 202

FORT LAUDERDALE, FL 33309





DO NOT WRITE IN THIS SPACE 04262004

 4. FEI Number
 Applied For

 61-1431891
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

HERTZ, CLIFFORD I ONE NORTH CLEMATIS STREET SUITE 500 WEST PALM BEACH, FL 33401

DO NOT WRITE IN THIS SPACE

No Chg-P

WEST PALM BEACH, FL 33401			IN THIS SPACE		
	named entity submits this statement for the pions of registered agent.	purpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	fapplicable (NOTE Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution,	ing 🗆	\$5.00 May Be Added to Fees	
TO. STITLE VAME STREET ADDRESS SITY-ST-ZIP STITLE VAME STREET ADDRESS SITY-ST-ZIP	OFFICERS AND DIRECT PD GOLDSTEIN, JAMES E 1475 WEST CYPRESS CREEK ROAL FORT LAUDERDALE, FL 33309 VT BAND, ROBERT 1475 WEST CYPRESS CREEK ROAL FORT LAUDERDALE, FL 33309), SUITE 202			UOODOO136516 O4/28/O4-80096-O11 150.00
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS	VS PORRAS, MARA 1475 WEST CYPRESS CREEK ROAD, SUITE 202 FORT LAUDERDALE, FL 33309 D SCHROEDER, ANDERS U 1475 WEST CYPRESS CREEK ROAD, SUITE 202 FORT LAUDERDALE, EL 33309				NOT WRITE THIS SPACE

12. It hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICED OR DIRECTOR

4/26/04 954-771-6711