2005 FOR PROFIT CORTORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000111218

COMMERCIAL PROPERTY MANAGEMENT ADVISORS, INC.



Principal Place of Business

1475 WEST CYPRESS CREEK ROAD

SUITE 202

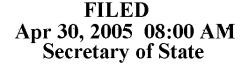
FORT LAUDERDALE, FL 33309

Mailing Address

1475 WEST CYPRESS CREEK ROAD

SUITE 202

FORT LAUDERDALE, FL 33309





04262005

No Chg-P

CR2E034 (10/03)

4. FEI Number 61-1431891 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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		,				
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)	equired when reinstating) DATE		
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			\$5.00 May Be Added to Fees	U00000348134 05/02/05-80012-021 150.	οδ	
10.	OFFICERS AND DIREC	OTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDSTEIN, JAMES E 1475 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309), SUITE 202				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BAND, ROBERT 1475 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309), SUITE 202				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PORRAS, MARA 1475 WEST CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309	o, SUITE 202	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHROEDER, ANDERS U 1475 WEST CYPRESS CREEK ROAD, SUITE 202 FORT LAUDERDALE, FL 33309		ÎN 7	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Committee and accommittee of the control of the con	· · · · · · · · · · · · · · · · · · ·	-	
12. I 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.						

OFFICER OR DIRECTOR