


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000120603 1. Entity Name C.M.R. & B. MANAGEMENT CORP.	
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Principal Place of Business 4990 SW 52ND STREET SUITE 201 DAVIE, FL 33314	Mailing Address 4990 SW 52ND STREET SUITE 201 DAVIE, FL 33314
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03282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 48-1300667	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHWARTZ, JOSEPH L ESQ 2435 HOLLYWOOD BLVD HOLLYWOOD, FL 33020

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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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWARS, CHARLES M 4990 SW 52ND STREET SUITE 201 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWARS, BARRY 4990 SW 52ND STREET SUITE 201 DAVIE, FL 33314
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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:  **4/19/05** **(954) 581-5600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #