


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90394 028 ***150.00

| | | | | | |
|---|---|---------------------------------|---|---|---|
| DOCUMENT # P02000135492 1. Entity Name C M P & ASSOCIATES REAL ESTATE SERVICES, INC. | | | |  | |
| Principal Place of Business 15450 NEW BARN ROAD SUITE 105 MIAMI LAKES FL 33014 | | | Mailing Address 15450 NEW BARN ROAD SUITE 105 MIAMI LAKES FL 33014 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | |
| 4. FEI Number 14-1863274 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | MOORE CR2E034 (11/03) | |
| 6. Name and Address of Current Registered Agent PEREZ, CECILIA M 15450 NEW BARN ROAD SUITE 105 MIAMI LAKES FL 33014 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 <i>Cecilia M. Perez</i> DATE 3-22-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD PEREZ, CECILIA M 15450 NEW BARN ROAD SUITE 105 MIAMI LAKES FL 33014 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 all other like empowered. | | | | | |
| SIGNATURE: <i>Cecilia M. Perez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | DATE 3-22-04 DAYTIME PHONE # 305-816-4774 | | |