

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

08-02-2004 90010 025 ***150.00

DOCUMENT # P03000003447																																																																	
1. Entity Name CNM HOLDINGS, INC.																																																																	
Principal Place of Business 273 NW 1ST ST DEERFIELD BEACH, FL 33441			Mailing Address 273 NW 1ST ST DEERFIELD BEACH, FL 33441																																																														
2. Principal Place of Business 3831 NE 26 AVE Suite, Apt. #, etc.		3. Mailing Address 3831 NE 26 AVE Suite, Apt. #, etc.		66433732 																																																													
City & State Lighthouse Point FL		City & State Lighthouse Point FL		4. FEI Number 30-0185049																																																													
Zip 33064		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																													
6. Name and Address of Current Registered Agent BARRETT, CHARLES 273 NW 1ST ST DEERFIELD BEACH, FL 33441				7. Name and Address of New Registered Agent Name: CHARLES BARRETT Street Address (P.O. Box Number is Not Acceptable): 3831 NE 26 AVE City: Lighthouse Point FL Zip Code: 33064																																																													
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: DATE: 7/12/04 (NOTE: Registered Agent signature required when reinstating)																																																																	
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																													
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>BARRETT, CHARLES</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>273 NW 1ST ST DEERFIELD BEACH, FL 33441</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td>☐ Delete</td> <td> </td> <td> </td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td> </td> <td> </td> <td>☐ Delete</td> <td> </td> <td> </td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td> </td> <td> </td> <td>☐ Delete</td> <td> </td> <td> </td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td> </td> <td> </td> <td>☐ Delete</td> <td> </td> <td> </td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td> </td> <td> </td> <td>☐ Delete</td> <td> </td> <td> </td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td> </td> <td> </td> <td>☐ Delete</td> <td> </td> <td> </td> <td>☐ Change ☐ Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 11			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	BARRETT, CHARLES		STREET ADDRESS			CITY-ST-ZIP	273 NW 1ST ST DEERFIELD BEACH, FL 33441		CITY-ST-ZIP					☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ Addition			☐ Delete			☐ Change ☐ 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 filers empowered.																																																																	
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