

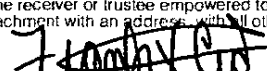


## 05-10-2004 90482 002 \*\*\*150.00

<div>000000000000 P03000038466</div> <div>1. Entry Name C &amp; F ASSOCIATES, INC.</div>		<div></div>	<div>Secretary of State</div> <div>05-10-2004 90482 002 ***150.00</div>																						
<div>Principal Place of Business 7897 NORTHWEST 62ND TERRACE PARKLAND, FL 33433</div>		<div>Mailing Address 7897 NORTHWEST 62ND TERRACE PARKLAND, FL 33433</div>		<div>44045443</div> <div></div>																					
<div>2. Principal Place of Business 5970 SW 18th St Suite 188 Boca Raton 33433 Palm Beach</div>		<div>3. Mailing Address 5970 SW 18th St Suite 188 Boca Raton 33433 Palm Beach</div>		<div>04272004    00000    000000000000</div> <div>4. FEI Number 11-3683407    Applied For Not Applicable</div> <div>5. Certificate of Status Desired    <input type="checkbox"/> \$8.75    0000000000</div>																					
<div>6. Name and Address of Current Registered Agent SIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</div>		<div>7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City    FL    Zip Code</div>																							
<div>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.</div> <div>SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reappointing)    DATE</div>																									
<div>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</div>		<div>9. Election Campaign Financing Trust Fund Contribution.    <input type="checkbox"/> \$5.00    0000000000</div>																							
<div>10. OFFICERS AND DIRECTORS</div> <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>PD CID, FRANK X 7897 NORTHWEST 62ND TERRACE PARKLAND, FL 33433    <input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>STD FEERY, CHRISTOPHER C 7897 NORTHWEST 62ND TERRACE PARKLAND, FL 33433    <input checked="" type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>  <input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>  <input type="checkbox"/> Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>  <input type="checkbox"/> Delete</td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CID, FRANK X 7897 NORTHWEST 62ND TERRACE PARKLAND, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FEERY, CHRISTOPHER C 7897 NORTHWEST 62ND TERRACE PARKLAND, FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<div>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</div> <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>  <input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>  <input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>  <input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>  <input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>  <input type="checkbox"/> Change    <input type="checkbox"/> Addition</td></tr></table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<div>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.</div> <div>SIGNATURE:     Frank X CID Pres    4/20/4    561 866-0012</div> <div>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</div>																									