

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

07-11-2005 90198 008 ***150.00
P03000068485

FILED

05 NOV -8 AM 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000068485

1. Entity Name
COMPLETE PROPERTY MANAGEMENT RESOURCES,
INC.

Principal Place of Business
309 23RD STREET
SUITE 200
MIAMI BEACH, FL 33139

Mailing Address

P O BOX 402507
MIAMI BEACH, FL 33140

2. Principal Place of Business
3550 BISCAYNE BND.
Suite, Apt. #, etc.
Suite 401

3. Mailing Address
P.O. BOX 402507

Suite, Apt. #, etc.

City & State
Miami, Florida
Zip
33137

City & State
Miami Beach, FL

Zip,
33140

Country
U.S.A.

07052005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0055492

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKS, SHEARL R
P O BOX 402507
MIAMI BEACH, FL 33140

Name

Street Address (P.O. Box Number is Not Acceptable)

3550 Biscayne Blvd, Suite 401
City
Miami FL Zip Code
33137

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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PRES
HICKS, SHEARL R
440 NE 73RD STREET
MIAMI, FL 33138

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
BURBACH, SHERYL
P O BOX 402507
MIAMI BEACH, FL 33140

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SEC
HICKS, SHEARL R
440 NE 73RD STREET
MIAMI, FL 33138

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/05

Date

Daytime Phone #

WJ