

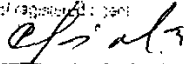
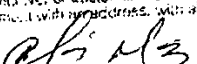
APR-21-05 THU 02:53 PM

FAX:

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90135 035 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # PO3000062989			
1. Entity Name CM PLANOS Y PERMISOS INC			
Principal Place of Business		Mailing Address	
14921 SW 104 ST #202 Miami FL 33196			
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
		01312005 Chg-P CR2E034 (10/03)	
4. FEI Number 54-2118813		Applied For Non-Applicable	
5. Certificate or Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Clara Duran 14921 SW 104 ST #202 Miami FL 33196		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: 		4-28-05	
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: Clara Duran STREET ADDRESS: 14921 SW 104 ST #202 CITY-STATE-ZIP: Miami FL 33196		TITLE: ☐ Change ☐ Addition NAME: ☐ Change ☐ Addition STREET ADDRESS: ☐ Change ☐ Addition CITY-STATE-ZIP: ☐ 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(1)(b), 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 manager or trustee empowered to execute this report as required by Chapter 867, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment, with my address, with all other like on powered.			
SIGNATURE: 		4-28-05	
DATE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			