

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90228 049 ***150.00



DOCUMENT # P03000090173

1. Entity Name
C AND A MANAGEMENT SOLUTIONS, INC.

Principal Place of Business
**2119 NORTHWEST 47TH TERRACE
 MIAMI, FL 33142**

Mailing Address
**2119 NORTHWEST 47TH TERRACE
 MIAMI, FL 33142**



2. Principal Place of Business
440 NW 88th Street
 Suite, Apt. #, etc.

3. Mailing Address
440 NW 88th St.
 Suite, Apt. #, etc.

04222004 Chg-P CR2E034 (10/03)

City & State
EI Portal, FL

City & State
EI Portal, FL

Zip
33150

Country
USA

Zip
33150

Country
USA

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GATLIN, CHARMAINE M
 2119 NORTHWEST 47TH TERRACE
 MIAMI, FL 33142**

7. Name and Address of New Registered Agent

*Name

Street Address (P.O. Box Number is Not Acceptable)
440 NW 88th Street

City **EI Portal** **FL** Zip Code **33150**

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 Charmaigne Motlin DATE 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GATLIN, ARTHUR 2119 NORTHWEST 47TH TERRACE MIAMI, FL 33142	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GATLIN, CHARMAINE M 2119 NORTHWEST 47TH TERRACE MIAMI, FL 33142	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Charmaigne Motlin Charmaigne Gatlin DATE 4/26/04 DAYTIME PHONE # 305-772-9740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR