


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90498 013 ***150.00

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| DOCUMENT # P03000117862 |  |
| 1. Entity Name COMPREHENSIVE URBAN PLANNING, INC. | |

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| Principal Place of Business 1050 NW 14 ST 129 MIAMI, FL 33136 | Mailing Address 1050 NW 14 ST 129 MIAMI, FL 33136 |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 10669 SW 8TH STREET # 2409 |
| City & State | City & State Pembroke Pines |
| Zip | Zip FL 33025 |

20053838



04282005 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent MAHON, TIMOTHY K 2929 E COMMERCIAL BLVD PH E FT LAUDERDALE, FL 33308 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD CARDENAS, ALBERT J 3900 NW 79 AVE STE 427 MIAMI, FL 33166 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD CARDENAS, ALBERT J. 10669 SW 8TH STREET # 2409 PEMBROKE PINES, FL 33025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CARDENAS, CIRO A 3900 NW 79 AVE STE 427 MIAMI, FL 33166 <input type="checkbox"/> Delete | 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"/> Delete | 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: ALBERT J. CARDENAS  **04-29-05 954 274 4896**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #