


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P03000125609</b> 1. Entity Name C & P OF MIAMI, INC.	
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Principal Place of Business 18200 NW 27TH AVE. #168 MIAMI, FL 33056	Mailing Address 18200 NW 27TH AVE. #168 MIAMI, FL 33056
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  PARK, EUN HA 16200 SOUTH POST RD. # 204 WESTON, FL 33331	<b>DO NOT WRITE IN THIS SPACE</b>
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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:  (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PARK, MAN HO 16200 SOUTH POST RD. #204 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PARK, EUN HA 16200 SOUTH POST RD. #204 WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

*for 9/18*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an other like empowered.

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

FILED

07 SEP 26 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05-22-07 90065636 \$150.00



04272007 No Chg-P CR2E034 (11/05)

4. FEI Number 33-1074727	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

Sept 24, 2007

Division of Corp.  
Annual Report Section  
P.O. BOX 6327  
Tallahassee, FL 32314

RE: Doc #P03000125609  
C & P of Miami, Inc. 2007

Dear Sir,

We filed our report on time, however, the signatures were missing. We found out on 9/24/07. Also we never received any rejection letter from the state. Therefore, please waive the reinstate fee of \$600.00..

We would be appreciated in this matter.

Sincerely,



Man H. Park  
President  
C & P of Miami, Inc.

Note: New mailing address should be;  
16200 S. post Rd # 204  
Weston, FL 33331

thanks.