FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2004 8:00 am Secretary of State

3/11/2004

Date

(954) 423-4321

Daytime Phone #

DOCUMENT # P03000140292 1. Entity Name						04-21-2004 90100 021 ***150.00			
CM COMMUNICATION	N INC	11. 12							
DO N	OT WRIT	E IN THIS	S SPAC	CE					
2. Principal Place of Business 12850 W STATE RD 84 LOT 1317		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State DAVIE, FL		City & State			4. FEI Number Applied For 77-0615377 Not Applicable				
Zip 33325	Country	Zip	Со	untry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
			· · · · · · · · · · · · · · · · · · ·		ne and Addre	ss of Current Reg	istered Agent		
DO NOT WRITE				Name					
				Street Add	•	O. Box Number is Not Acceptable)			
	N THIS S	ACE		1. A ³					
				City		FL	Zip Code		
8. The above named State of Florida. I	l entity submits this am familiar with, ar				stered office o	r registered agent,	or both, in the		
SIGNATURE									
	ure, typed or printed nam		title if applicable	(NOTE: Regis	tered Agent signat I	ure required when reinst	ating) DATE		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of Stat					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS	AND DIRECTORS	3 11.		L				
TITLE NAME STREET ADDRESS	PRESIDENT CLEMENCIA BOI 12850 W STATE		ME REET ADDRES	s					
CITY-ST-ZIP TITLE	DAVIE FL 33325		TIT	Y-ST-ZIP LE					
NAME									
STREET ADDRESS CITY-ST-ZIP				REET ADDRES Y-ST-ZIP	S				
TITLE				LE		. . 			
NAME STREET ADDRESS CITY-ST-ZIP				ME REET ADDRES 'Y-ST-ZIP	s I	DO NOT	WRITE		
TITLE			TIT	LE		IN THIS S	SPACE		
NAME STREET ADDRESS				ME REET ADDRES			/ AOL		
CITY-ST-ZIP				Y-ST-ZIP	-				
TITLE NAME			TIT	LE ME					
STREET ADDRESS CITY-ST-ZIP			ST	REET ADDRES Y-ST-ZIP	s				
TITLE			TIT						
NAME STREET ADDRESS CITY-ST-ZIP			ST	ME REET ADDRES 'Y-ST-ZIP	s				
12. I hereby certify that			es not qualify fo	the exemption					
certify that the inforr	mation indicated on th	is report or suppleme	ental report is tr	ue and accurate	and that my sig	nature shall have the	same legal effect		
	th; that I am an office								

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: