

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90038 034 \*\*\*150.00

**DOCUMENT # P04000074753**

1. Entity Name

CPR, INC.



Principal Place of Business

3517 SW 91ST AVE  
MIAMI FL 33165

Mailing Address

3517 SW 91ST AVE  
MIAMI FL 33165

2. Principal Place of Business

25420 S.W. 222 Ave.

3. Mailing Address

25420 S.W. 222 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Homestead Fla.

City & State

Homestead Fla.

Zip

33031

Country

USA

Zip

33031

Country

USA

4. FEI Number

20-1117847

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RITSI, CHRISTOPHER P  
3517 SW 91ST AVE  
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name Christopher P. Ritsi

Street Address (P.O. Box Number is Not Acceptable)

25420 S.W. 222 Ave

City

Homestead

FL

Zip Code

33031

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P,D ☐ Delete  
NAME RITSI, CHRISTOPHER P  
STREET ADDRESS 3517 SW 91ST AVE  
CITY-ST-ZIP MIAMI FL 33165

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P,D ☒ Change ☐ Addition  
NAME Ritsi, Christopher P.  
STREET ADDRESS 25420 S.W. 222 Ave.  
CITY-ST-ZIP Homestead Fla. 33031

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: Christopher P. Ritsi

2-4-05

305-926-3328

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #