2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State
02-14-2005 90077 017 ***150.00

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02092005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000096534

1. Entity Name
CONSUMERS MARKET PLACE, INC.

Principal Place of Business	Mailing Address
88 NE 168 ST N MIAMI BEACH, FL 33162	88 NE 168 ST N MIAMI BEACH, FL 33162

2. Principal Place of Business	3. Mailing Address
1200 NE 125 Street	1200 NE 125 STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Miami Beach FL	City & State: North Miami Beach, FL
Zip: 33161 Country: USA	Zip: 33161 Country: USA

4. FEI Number: 30-0258795 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J ESQ
88 NE 168 ST
N MIAMI BEACH, FL 33162

7. Name and Address of New Registered Agent

Name: Scott Garshell
Street Address (P.O. Box Number is Not Acceptable): 2707 Kinsington Circle
City: Weston FL Zip Code: 33332

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] Scott Garshell Pres. 2/9/05
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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Scott Garshell 2707 Kinsington Circle Weston, FL 33332 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President 1170 Danbury Ave Davie FL 33325 Lenny Nieves ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 2/9/05 954-937-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #