2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000100305

Entity Name: C & D CORPORATE SERVICES INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place	of Business:	New Principal Place o	New Principal Place of Business:	
13427 NW 5 PL PLANTATION, FL 33325	j	101 E ATLANTIC BLVD POMPANO BEACH, FL		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
13427 NW 5 PL PLANTATION, FL 33325	5	101 E ATLANTIC BLVD POMPANO BEACH, FL		
FEI Number: 20-1329355	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
MACINTER CORPORAT 5440 N SR 7 STE 218 FT LAUDERDALE, FL 3				
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.				
SIGNATURE:				
Electror	ic Signature of Registered Age	nt	Date	

OFFICERS AND DIRECTORS:

City-St-Zip:

Election Campaign Financing Trust Fund Contribution ().

PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GIRALDO, CARLOS GIRALDO, CARLOS H Name: Name: 13427 NW 5 PL 3505 DUNES VISTA DRIVE Address: Address: City-St-Zip: PLANTATION, FL 33325 City-St-Zip: POMPANO BEACH, FL 33069 Title: SD () Delete Title: SD (X) Change () Addition BURITICA, VIVIANA BURITICA, VIVIANA M Name: Name: Address: Address: 13427 NW 5 PL 3505 DUNES VISTA DRIVE POMPANO BEACH, FL 33069 PLANTATION, FL 33325 City-St-Zip: City-St-Zip: Title: Title: VD () Delete () Change () Addition GIRALDO, DORA MARIA Name: Name: 13427 NW 5TH PL Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CARLOS H GIRALDO PD 04/29/2005