## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME C

## Apr 24, 2006 08:00 AN Secretary of State **DOCUMENT # P04000156258** 1. Entity Name CMMR MANAGEMENT CORP. Principal Place of Business Mailing Address 6925NW 52TH ST 6925 NW 52TH ST MIAMI, FL 33166 MIAMI, FL 33166 04182006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1895506 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LAMONT NEIMAN INTERIAN & BELLET, P.A. DO NOT WRITE 1 BISCAYNE TOWER STE 3550 2 S BISCAYNE BLV IN THIS SPACE MIAMI, FL 33131 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees OFFICERS AND DIRECTORS 10. TITLE YAGHOUBI, CECILIA NAME 350 FORTHILL RD STREET ADDRESS CITY - ST - ZIP SCARSDALE, NY 10583 U00000529823 05/05/06-80090-025 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME: STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 recipired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered. changed, or on an attachment with an address

ER OR DIRECTOR

FILED

Daytime Phone #