## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 19, 2006 8:00 am Secretary of State 05-09-2006 90068 048 \*\*\*150.00

DOCUMENT # P05000038038  1. Entity Name C & S FAMILY ENTERPRISES, INCORPORATED							05-09-200	6 90008	048 1	.30,00
Principal Place	e of Business	Mailing Address			$\dashv$	000~~~				
1813 NORTH TAMARIND AVENUE WEST PALM BEACH, FL 33407			509 SOUTH MANGONIA CIRCLE WEST PALM BEACH, FL 33401				- soco omi odki ddili i	seiss tilb li	· coles mgi (1	horenhalm and salesty
2. Principal Pl	tace of Business	3. Mailing Address			$\dashv$					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			03232006	Chg-P	CR2E0	34 (11/05)	
City & State	a	City & State				4. FEI Numb	749663	8	<del></del>	oplied For of Applicable
Zip	Country	Zip	Coun	atry	-		of Status Desired		\$8:75 Add Fee Require	ditional
	6. Name and Address of Current	Registered Agent		Name	_	7. Name and	Address of New	Registered /	Agent	
SUAREZ, S					-nc (F	P O Roy Numb	er is Noi Acceptate			
	H MANGONIA CIRCLE LM BEACH, FL 33401			346617667	:30 t	".U. DUR 1901	er is inter modernia.	ле; 		
	• .			City					7- Cod	-
4 Ten shows		the second observing its	i-tor		·	·	- Cinin of E	FL	Zip Cod	
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										
FILE NOWILI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	OFFICERS AND	DIRECTORS  Delete	11.		_	ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR:	
NAME	SUAREZ, SHEILA G		NAM	¥.					∐ Utanye	Addition
STREET AOORESS CITY-ST-ZIP				ET ADORESS						
TITLE	VP VP	Delete	TITLE					<del></del>	Change	Addition
NAME STREET ADDRESS			HAMI	ie Eet address						_
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NAME		☐ Delote	HAM	Æ					☐ Change	L. Augune
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-\$1-zip)						
12. Thereby 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 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 AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR DIES DISJONAPHOTO 9										