

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000119331

Entity Name: CEMP, INC.

FILED
Apr 07, 2006
Secretary of State

Current Principal Place of Business:

1526 STALLION DR
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

1526 STALLION DR
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHN, ALAN D ESQ
100 E CYPRESS CREEK RD
STE 700
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MAIA, MARILIA
Address: 1340 S OCEAN BLVD
City-St-Zip: POMPNAO BEACH, FL 33062

Title: D () Delete
Name: RIBEIRO, PATRICIA
Address: 4129 NW 88TH AVE - # 203
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: SUPPLE, MARIA C
Address: 1526 STALLION DR
City-St-Zip: LOXAHATCHEE, FL 33470

Title: D () Delete
Name: ROGAN, MARIA E
Address: 1450 NW 81ST AVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: MARILIA MAIA

PRS

04/07/2006

Electronic Signature of Signing Officer or Director

Date