

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000018059

FILED
Feb 01, 2007
Secretary of State**Entity Name:** CP CAPITAL ASSET ACQUISITION, INC.**Current Principal Place of Business:**999 BRICKELL AVENUE
SUITE 600
MIAMI, FL 33131**New Principal Place of Business:****Current Mailing Address:**999 BRICKELL AVENUE
SUITE 600
MIAMI, FL 33131**New Mailing Address:****FEI Number:** 71-0996972 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CONNELL, GREGORY
999 BRICKELL AVENUE
SUITE 600
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: CONNELL, HAROLD L
Address: 999 BRICKELL AVENUE, SUITE 600
City-St-Zip: MIAMI, FL 33131 US**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S () Change (X) Addition
Name: ARONSON, MITCHELL D
Address: 999 BRICKELL AVENUE, SUITE 600
City-St-Zip: MIAMI, FL 33131**Title:** D () Change (X) Addition
Name: DIEZ, ROBERT
Address: 999 BRICKELL AVENUE, 10TH FLOOR
City-St-Zip: MIAMI, FL 33131**Title:** D () Change (X) Addition
Name: CALLOWAY, JACK
Address: 999 BRICKELL AVENUE, SUITE 600
City-St-Zip: MIAMI, FL 33131

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: HAROLD L CONNELL

P

02/01/2007

Electronic Signature of Signing Officer or Director

Date