


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90054 038 ***158.75

DOCUMENT # P06000041422

1. Entity Name
 CP SYLVESTRE CONSULTING, INC.



Principal Place of Business Mailing Address
162 COLTON STREET **162 COLTON STREET**
LAKELAND, FL 33815 **LAKELAND, FL 33815**

40029337



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
13738 Plumosa Ave. **13738 Plumosa Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02272007 Chg-P CR2E034 (12/06)

City & State City & State
Hudson FL. **Hudson FL.**

4. FEI Number Applied For
20-4569337 Not Applicable

Zip Country Zip Country
34667 **US** **34667** **US**

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MERKIN, STEWART A ESQ
444 BRICKELL AVE STE 300
MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SYLVESTRE, CLIFFORD 162 COLTON STREET LAKELAND, FL 33815 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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: Clifford Sylvestre Date: 2-26-07 Daytime Phone #: (860)559-1513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR