


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90008 014 ***550.00

DOCUMENT # P06000141136

1. Entity Name
CPP GROUP, INC.



Principal Place of Business Mailing Address

**9304 LONGMEADOW CIRCLE
BOYNTON BEACH FL 33436
US** **9304 LONGMEADOW CIRCLE
BOYNTON BEACH FL 33436
US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

9304 Longmeadow Circle *9304 Longmeadow Circle*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Boynton Bch FL *Boynton Bch FL*

Zip Country Zip Country

33436 *USA* *33436* *U.S.A.*

2nd MOORE CR2E034 (4/07)

4. FEI Number Applied For

20-5848282 Not Applicable

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

 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PALOMINO, JOSE A
9304 LONGMEADOW CIRCLE
BOYNTON BEACH FL 33436**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607 193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PALOMINO, JOSE A | |
| STREET ADDRESS | 9304 LONGMEADOW CIRCLE | |
| CITY-ST-ZIP | BOYNTON BEACH FL 33436 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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 to an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____