


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 9304 LONGMEADOW CIRCLE BOYNTON BEACH FL 33436 US	Mailing Address 9304 LONGMEADOW CIRCLE BOYNTON BEACH FL 33436 US
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2. Principal Place of Business - No P.O. Box # 9304 Longmeadow Circ.	3. Mailing Address 9304 Longmeadow Circ.
Suite, Apt. #, etc. 0	Suite, Apt. #, etc. 2nd MOORE
City & State Boynton Bch FL.	City & State Boynton Bch FL.

4. FEI Number 20-5848282	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$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		Name	
Street Address (P O. Box Number is Not Acceptable)		Street Address (P O. Box Number is Not Acceptable)	
City		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 \$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALOMINO, JOSE A 9304 LONGMEADOW CIRCLE BOYNTON BEACH FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 to an address, with all other like empowered.

SIGNATURE:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____