2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000066557

1. Entity Name
CPS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2756 SE 11TH ST	2756 SE 11TH ST
POMPANO BEACH, FL 33062 US	POMPANO BEACH, FL 33062 US

DO NOT WRITE IN THIS SPACE

04112006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3202888	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GELLER, JACK J
2560 GULF TO BAY BLVD.
STE. 300
CLEARWATER, FL 34625

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D	
NAME	HANNAN, JOSEPH	
STREET ADDRESS	2756 SE 11TH ST	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	
NAME	HANNAN, MARGARET	
STREET ADDRESS	2756 SE 11TH ST	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
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CITY-ST-ZIP		

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04/28/06-80069-018 150.00

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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: _Margaret Hannan_ MARGARET HANNAN 4/11/06 (954) 788-6390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #