

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90003 034 \*\*\*150.00

DOCUMENT # P94000065979

1. Entity Name  
C.M.P. MANAGEMENT SERVICES, INC.



Principal Place of Business  
222 LAKEVIEW AVENUE, PH5  
WEST PALM BEACH, FL 33401

Mailing Address  
222 LAKEVIEW AVENUE, PH5  
WEST PALM BEACH, FL 33401

54017917



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

65-0506552

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, PEDRO  
222 LAKEVIEW AVENUE  
PH-5  
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name  
Carlos Morrison

Street Address (P.O. Box Number is Not Acceptable)

222 Lakeview Ave PH5

City  
West Palm Beach

FL

33401

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

*Carlos Morrison*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when contacting)

DATE

3-9-2004

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
MORRISON, PEDRO  
222 LAKEVIEW AVENUE, PH5  
WEST PALM BEACH, FL 33401 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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NAME  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN:

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRES.  
Carlos Morrison  
222 Lakeview Ave PH5  
West Palm Beach FL 33401 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Carlos Morrison*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-2004

Date

861 832 6070

Daytime Phone #