


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 05, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90001 035 \*\*\*558.75

<b>DOCUMENT # P94000066535</b>	
1. Entity Name C N R INC OF SOUTH FLORIDA	

Principal Place of Business 2541 ROYAL PALM WAY WESTON FL 33327	Mailing Address 2541 ROYAL PALM WAY WESTON FL 33327
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2. Principal Place of Business 3497 Derby Lane Suite, Apt. #, etc. WESTON	3. Mailing Address 3497 Derby Lane Suite, Apt. #, etc. WESTON
City & State WESTON Florida	City & State WESTON FLORIDA
Zip 33331	Country BRUNAR

2nd MOORE CR2E034 (5/05)

4. FEI Number 65-0552750		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHERVENY, KIMBERLY P 2541 ROYAL PALM WAY WESTON FL 33327		7. Name and Address of New Registered Agent Name: Kimberly P. Cherveny Street Address (P.O. Box Number is Not Acceptable) 3497 Derby Lane City: WESTON FL Zip Code: 33331

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: Kimberly P. Cherveny DATE: 7-29-05

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

<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 7, 2005</b> <b>Make Check Payable to Florida Department of State</b>	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. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHERVENY, KIMBERLY P 2541 ROYAL PALM WAY WESTON FL 33327 3497 Derby Lane WESTON FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3497 Derby Lane WESTON FL 33331
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
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
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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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

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: Kimberly P. Cherveny DATE: 7-29-05 DAYTIME PHONE: 954.349.0162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR