## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Jan 16, 2008 08:00 A Secretary of State **DOCUMENT # P94000066535** 1. Entity Name C N R INC OF SOUTH FLORIDA Principal Place of Business Mailing Address 3497 DERBY LANE 3497 DERBY LANE WESTON, FL 33331 WESTON, FL 33331 01092008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0552750 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHERVENY, KIMBERLY P DO NOT WRITE 3497 DERBY LANE WESTON, FL 33331 IN THIS SPACE 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 reduced when reinstating) Signature, typed or ponted name of registered agent and talk if applicable, 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME CHERVENY, KIMBERLY P STREET ADDRESS 3497 DERBY LANE U00000785185 WESTON, FL 33331 CITY-ST-ZIP 01/16/08=90086-008/150:00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADORESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 outrustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP