


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90561 033 ***158.75

DOCUMENT # P95000013687
 1. Entity Name
C.W.S. CAPITAL MANAGEMENT II, INC.



Principal Place of Business 150 S.E. 2ND AVE. #1301 MIAMI, FL 33131	Mailing Address 150 SE 2ND AVE STE 1301 MIAMI, FL 33131
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20036118



03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0556172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

SALVER, PAUL
 2721 EXECUTIVE PARK DRIVE
 SUITE 3
 WESTON, FL 33331

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	D COX, DAVID F JR. 150 S.E. 2ND AVE., SUITE 300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WINTON, JOHNNY L 150 S.E. 2ND AVE., SUITE 300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHRAGE, JOSEPH B 150 S.E. 2ND AVE., SUITE 300 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: John SA Date: 4/15/05 Daytime Phone #: 305 373-2164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR