2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P95000068675 1. Entity Name C & D PROFESSIONAL SERVICES, INC.					03-22-2004 90083 041 ***150.00				
Principal Place	e of Business	Mailing Address							
9774 SW 8 STREET		11011 SW 69TH DR							
MIAMI, FL 33174 MIAMI		MIAMI, FL 33173 L	NAMI, FL 33173 US			1 /	10004	C A	
						INIPANIALI NESIKANIA TAM	****	9 /400 m	124 1 1711
2. Principal Pl	3. Mailing Address	ling Address							
11011 5 W. 69 DRIVE							1 61 (10 01101 14111		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03182004	Chg-P	CR2E03	4 (10/03)	
V									
City & State . 7		City & State			4. FEI Numbe				plied For
MIAMI TL Zip Country		Zip Country		tor	65-0606	0022	Ċ.		t Applicable
33173 DAJE		Σψ	Coorniny		5. Certificate	of Status Desired		8.75 Add	
6. Name and Address of Current F		L Registered Agent	Agent		7. Name and	Address of New R		•	
		· ·		Name					
DOMINGUEZ, CARMEN				0					
11011 SW 69TH DR				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33173									
				City				Zip Code	
				City			FL	Zip Cour	<i>-</i>
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 a	and title if applicable. (NOTE	E: Registere	d Agent signature required	d when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campai Trust Fund Cont	_		.00 May Be ded to Fees				
10. OFFICERS AND DIRECTOR		DIRECTORS	11,		ADDITIONS/	CHANGES TO OFF	ICERS AND I	DIRECTOR	3 IN 11
TITLE	PD	Delete	TITLE					Change	■ Addition
NAME	DOMINGUEZ, CARMEN		NAM						
STREET ADDRESS	11011 SW 69TH DR			ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33173			-ST-ZiP					
TITLE	VP	☐ Delete	TITL	t t				☐ Change	☐ Addition
NAME Street address	DOMINGUEZ, GERRY 11011 SW 69 DR.		NAM	ET ADDRESS					
CITY-ST-ZIP	MIAMI, FL 33173			-ST-ZIP					
· TITLE		☐ Delete	TITL					☐ Change	☐ Addition
NAME		T Délete	NAM					onlings	
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CITY-ST-ZIP			CITY	-ST-ZIP					
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NAME			NAM	E					
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CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL					Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
		□ palata	TITL					☐ Change	☐ Addition
TITLE NAME		Delete	NAM						- Audition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify fo	r the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes.	I further certi	fy that the is	nformation
indicated on this report or supplemental reports true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of trustee employered 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 admissional time time employered.									

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR