

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000068675

1. Entity Name
C & D PROFESSIONAL SERVICES, INC.



Principal Place of Business
**11011 SW 69 DRIVE
MIAMI, FL 33173**

Mailing Address
**11011 SW 69TH DR
MIAMI, FL 33173 US**



02082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0606522	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**DOMINGUEZ, CARMEN
11011 SW 69TH DR
MIAMI, FL 33173**

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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 required when reinstating) DATE _____

**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	PD
NAME	DOMINGUEZ, CARMEN
STREET ADDRESS	11011 SW 69TH DR
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	VP
NAME	DOMINGUEZ, GERRY
STREET ADDRESS	11011 SW 69 DR.
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/11/05-80002-021 150.00

**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)(f), 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: *Carmen Dominguez* **Carmen Dominguez** **2/8/05** **786 493-2901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #