

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

T. Roberts MAY 19 2005

FILED
05 MAY 12 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000009053

1. Entity Name
CM REALTY OF NEW YORK, INC.



Principal Place of Business
222 LAKEVIEW AVENUE
#5
W PALM BEACH, FL 33401

Mailing Address
222 LAKEVIEW AVENUE
#5
W PALM BEACH, FL 33401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0636265

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, CARLOS
222 LAKEVIEW AVE PH5
WEST PALM BEACH, FL 33401

Name
Joel P. Koepfel, Esquire
Street Address (P.O. Box Number is Not Acceptable)
525 South Flagler Drive
Suite 200
City
West Palm Beach FL Zip Code
33401

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D MORRISON, CARLOS ☐ Delete
STREET ADDRESS
% 222 LAKEVIEW AVENUE #5
CITY-ST-ZIP
W PALM BEACH, FL 33401

TITLE
NAME
200055208512 ☐ Change ☐ Addition
STREET ADDRESS
05/24/05--01071--028 **\$61.25
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
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☐ Delete
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CITY-ST-ZIP

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☐ Delete
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CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: Carlos Morrison CARLOS MORRISON 5-5-2005 561-832-6070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #