

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000009053

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



**FILED
Apr 24, 2006 8:00 am
Secretary of State**

04-24-2006 90400 020 ***150.00

Principal Place of Business 3720 SOUTH DIXIE HWY W PALM BEACH, FL 33405		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.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent KOEPPEL, JOEL P ESQ 525 SOUTH FLAGLER DR STE 200 WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	

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 reinitiating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees										
10. OFFICERS AND DIRECTORS												
<p>TITLE: D NAME: MORRISON, CARLOS STREET ADDRESS: 222 LAKEVIEW AVENUE #5 CITY-ST-ZIP: W PALM BEACH, FL 33401</p> <p><input type="checkbox"/> Delete</p>		<p>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</p> <table border="1"> <tr> <td>TITLE</td> <td>NAME</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS		STREET ADDRESS	CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing 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 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06

561-832-6070

Date

Daytime Phone #