

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2007 08:00 A
Secretary of State

DOCUMENT # P96000068353

1. Entity Name
C-WYPE, INC.



Principal Place of Business
**2780 S OAKLAND FOREST #1801
FORT LAUDERDALE, FL 33309**

Mailing Address
**2780 S OAKLAND FOREST #1801
FORT LAUDERDALE, FL 33309**



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number **65-0686639** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TAPPERT, BRIAN
2780 S OAKLAND FOREST DR, #1801
FORT LAUDERDALE, FL 33309**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

**000000750901
05/18/07-80082-004 1500.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **POMEROY, MARC**
STREET ADDRESS **2521 NE 50TH ST**
CITY-ST-ZIP **LIGHTHOUSE POINT, FL 33064**

TITLE **D**
NAME **TAPPERT, BRIAN**
STREET ADDRESS **2780 S OAKLAND FOREST RD**
CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/07 954-321-6300
Date Daytime Phone #