## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000079569

1. Entity Name CPS HOLDINGS, INC.

## FILED Jun 24, 2004 8:00 am Secretary of State

06-24-2004 90079 042 \*\*\*550.00

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Principal Place of Business Mailing Address						51	0=-	
7601 N FEDERAL HWY 7601 N FEDER			EDERAL HWY			041	05865 <u>9</u>	
A-225		A-225						
BOCA RATON, FL 33487 BOCA RATON, FL 33487						4    <b>42</b>        <b>4  </b>      <b>4  </b>	## #### ##############################	
Principal Place of Business     3. Mailing Address								
	5 Fed Hwy	1730 5 Fed Hwy		· ''				
Suite; Apt	**	Suite, Apt. #, etc			2004. Chg-P	CR2E034 (		
Delrai	<del>-</del>	City & State			Number 5-0706334		Applied For Not Applicable	
Zip Country		Zìp	Country	<b>5</b> . Ce	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				
	I MOUATI LODIA		Name				ı	
SULLIVAN, MICHAEL J SR. * - <del>7801 N FEDERAL HWY</del>				Street Address (P.O. Box Number is Not Acceptable)				
SUITE-225-A			1730	1730 5 Federal Hwy #258				
BOCA RATON, FL-33487				, 1				
City of the state				ray Be	ach	FL   3	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 :: (NOTE: Registered Agent signature required when reinstating)  DATE								
	Signature, typed or printed name of registered agent a	ind trie if applicable. (NOTE: N	egistered Agent signati	ire required when reins	taling)	DATE		
FI	LE NOWIII FEE IS \$550.00	9. Election Campaign		<b>\$5.00</b> Ma	y Be			
D	ue by September 8, 2004	Trust Fund Contrib	ution.	Added to Fe	es			
10.	OFFICERS AND	DIRECTORS	11	ADD	TIONS/CHANGES TO OF	FICERS AND DIF	ECTORS IN 11	
TITLE	Р	☐ Delete	TITLE			□ □	Change	
NAME	SULLIVAN, MICHAEL J SR		NAME	)7000	14	258		
STREET ADDRESS.	7601 N FEDERAL HWY STE A22 BOCA RATON, FL 33487	9	STREET ADDRESS CITY-ST-ZIP	17302	Beach, Fl	3348	2	
TITLE	VP VP	□ Delele	TITLE	Dellay	Deuentic		Change	
NAME	SCHWANINGER, BOBBIE J	Delete	NAME			_	OnaligeAddition	
STREET ADDRESS	7601 N. FEDERAL HWY A225		STREET ADDRESS	1730 S	Federal Hu	JUL 258		
CITY-ST-ZIP	BOGA RATON, FL 33487	هالا مور المصل لوسه الرابي ارزه	. CITY·ST-ZIP	Delrau	Beach, FL	3348	3	
TITLE	Į.	☐ Delete	TITLE				Change	
NAME STREET ADDRESS			NAME STREET ADDRESS				_	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		Delete Delete	TITLE				Change	
NAME	*		NAME			_	<u>-</u>	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>				
TITLE		☐ Delete	TITLE NAME				Change	
t NAMP			■ NΔN42*					

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 it made under oath; that I arri 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.

TITLE

NAMÉ

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

A JUM MI CHAEL

Delete

J. SULLIVAN

5701-997-0572

Daytime Phone #

Change

Addition