
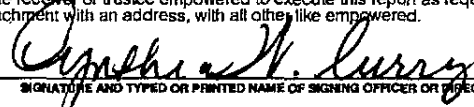


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000081423 1. Entity Name CWC & ASSOCIATES, INC.		
Principal Place of Business 150 SE 2ND AVENUE SUITE 913 MIAMI, FL 33131 US	Mailing Address 150 SE 2ND AVENUE SUITE 913 MIAMI, FL 33131 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LANGBEIN, LESLIE W 20801 BISCAYNE BLVD, SUITE 506 AVENTURA CORPORATE CENTER MIAMI, FL 33180		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN0000194796 01/25/05-80002-021 158.75
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CURRY, CYNTHIA W 19301 WEST ST. ANDREWS DR MIAMI, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSM CURRY, III G P 19301 W ST ANDREWS DR MIAMI, FL 33015	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/20/05 305-372-2393 <small>Date Daytime Phone #</small>