2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State
03-10-2006 90011 031 ***150.00

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1. Entity Name
COMPLETE CONFERENCE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
11440 N KENDALL DR SUITE 306 MIAMI, FL 33176 US	11440 N KENDALL DR SUITE 306 MIAMI, FL 33176 US

66008505

02282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0768718
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, HAROLD L
HABER, LEWIS & PATHMAN, LLP
2 SOUTH BISCAYNE BLVD SUITE 3660
MIAMI, FL 33131

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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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLTZMAN, SUSAN O
STREET ADDRESS	14700 SW 87 COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	KATZEN, BARRY T M.D.
STREET ADDRESS	5925 S W 107TH STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	BENENATI, JAMES F M.D.
STREET ADDRESS	7400 S W 47TH COURT
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	ZEMEL, GERALD M.D.
STREET ADDRESS	6225 S W 98TH STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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] 3/20/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #