2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# P97000062828

Entity Name: CMN & ASSOCIATES, INC.

Current Principal Place of Business:

5680 THISTLEDOWN TERRACE
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

5680 THISTLEDOWN TERRACE
DAVIE, FL 33331

New Mailing Address:

FEI Number: 65-0767428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAMOCHUMBI, LUIS
5680 THISTLEDOWN TERRACE
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: CHAMOCHUMBI, LUIS
Address: 5680 THISTLEDOWN
City-St-Zip: DAVIE, FL 33331

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: CHAMOCHUMBI, LUIS
Address: 5680 THISTLEDOWN TER
City-St-Zip: DAVIE, FL 33331

Title: OPST ( ) Change (X) Addition
Name: STEWART, LILLIAN
Address: 5680 THISTLEDOWN TER
City-St-Zip: DAVIE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS CHAMOCHUMBI DPST 04/05/2006

Electronic Signature of Signing Officer or Director — Date