

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000062828

Entity Name: CMN & ASSOCIATES, INC.

FILED
Jul 18, 2008
Secretary of State

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHAMOCHUMBI LUIS

DPST

07/18/2008

Electronic Signature of Signing Officer or Director

Date