

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000068835

1. Entity Name
C. E. M. PROFESSIONAL MANAGEMENT, INC.



Principal Place of Business
**10030 SW 40 STREET
MIAMI, FL 33165**

Mailing Address
**10030 SW 40 STREET
MIAMI, FL 33165**



08082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0781602

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RIUSECH, EDUARDO ESQ
10030 BIRD RD SUITE B
MIAMI, FL 33165**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000574047
08/10/06-80004-017 550.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIUSECH, EDUARDO 10030 BIRD RD STE B MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YERO, CONRADO 10030 BIRD RD SUITE A MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VELEZ, MARIO 10030 BIRD RD SUITE B MIAMI, FL 33165
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

August 8, 2006 (315) 207-4599
Date Daytime Phone #