AMENDED.

FOR PROFIT CORPORATION UNIFORM'BUSINESS REPORT (UBR)

DOCUMENT # P97000087666

CPF Property Investments, Inc.

1. Entity Name



AMENDED MILZS

03 NOV -7 AM 8: 00

DO NOT	WRITE	IN THIS	SPACE

				Name and Address of Current Pagisters	al finant
USA	33069	USA		5. Octamonic of Status Desireti	Fee Required
Country	Zip	Country		5 Certificate of Status Desired	\$8.75 Additional
Pompano Beach, FL		o Beach, FL		59-3473611	Not Applicable
City & State		City & State		4. FEI Number	Applied For
Suite A					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
th Place	2201 NW 30	th Place		. ~(
2. Principal Place of Business		3. Mailing Address			
•	ach, FL	th Place 2201 NW 30 Suite Apt. #, etc Suite A City & State Pompano Be Country Zip	th Place 2201 NW 30th Place Suite Apt. #, etc. Suite A City & State Pompano Beach, FL Country Zip Country	th Place 2201 NW 30th Place Suite Apt. #, etc. Suite A City & State Pompano Beach, FL Country USA 2201 NW 30th Place Suite A City & State Pompano Beach, FL Country USA USA	th Place 2201 NW 30th Place Suite Apt. #, etc. Suite A City & State Pompano Beach, FL Country USA 2201 NW 30th Place Suite A City & State Pompano Beach, FL Country USA 50 Certificate of Status Desired

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent				
Name	Valdes-Fauli	Corporate	Services,	Inc.
Street Address (P.O. Box Number is Not Accentable)				

777 South Flagler Drive, Suite 500 East Zip Code

MCSC TAIM DCGCH	· • 1 33401
ed office or registered agent, or both, in the State of Florid	la. I am familiar with, and acc
1500244	19191

ept The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent.

SIGNATURE	11/04/05	01000 015	*** £.U.J. 1.J
Signature, typed or printed name of registered agent and title if applicable.	(NOTE; Registered Agent signature required when reinstating)	DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State		ampaign Financing Contribution.	\$5.00 May Be Added to Fees

INAKE CHECK	rayable to Florida Departificial of State		
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V Alnajjar, Nader 2201 NW 30th Place, Suite A Pompano Beach, FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Chaleff, Lawrence N. 2201 NW 30th Place, Suite A Pompano Beach, FL 33069	TITLE NAME STREET ADDRESS CITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V, T, AS Clark, Susan I. 2201 NW 30th Place, Suite A Pompano Beach, FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V, S Dhanani, Meenaz 2201 NW 30th Place, Suite A Pompano Beach, FL 33069	THTLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V Lal, Sanjay 2201 NW 30th Place, Suite A Pompano Beach, FL 33069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, V Shetty, Dayanand 2201 NW 30th Place, Suite A Pompano Beach, FL 33069	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 on an attachment with an address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Meenaz Dhanani, VP/Sec.

(407) 239-9142

Daytime Phone #