

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90085 024 ***150.00

DOCUMENT # P98000008955					
1. Entity Name C & M ENTERPRISES OF PALM BEACH COUNTY, INC.					
Principal Place of Business 13304 INDIAN MOUND RD WELLINGTON, FL 33414			Mailing Address C/O MARIO G DE MENDOZ, III, PA 12765 FORREST HILL BLVD #1302 WELLINGTON, FL 33414		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Mario G. de Mendoza, III, P.A.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 12765 Forest Hill Blvd #1302			
City & State		City & State Wellington, FL		4. FEI Number 65-0824377	
Zip		Country 33414 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE MENDOZA, III, MARIO G G PA 12765 FOREST HILL BLVD STE 1302 WELLINGTON, FL 33414				7. Name and Address of New Registered Agent Name: Mario G. de Mendoza, III, P.A. Street Address (P.O. Box Number is Not Acceptable): 12765 Forest Hill Blvd., Suite 1302 City: Wellington FL Zip Code: 33414	
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 Mario G. de Mendoza, III, P.A. SIGNATURE: Mario G. de Mendoza, III, President 1-29-07 <small>Signature of Registered Agent or Printed Name of Registered Agent and Title if Applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD ARELLANO, CARLOS R 13304 INDIAN MOUND RD WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ARELLANO, CLARA M 13304 INDIAN MOUND RD WELLINGTON, FL 33414	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:		Carlos R. Arellano, Pres. 2-5-07 561-795-9777			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

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