

2006 FOR PROFIT CORPORATIC ANNUAL REPORT (AR)

FILED
Jun 15, 2006 8:00 am
Secretary of State

06-15-2006 90001 020 ***150.00

DOCUMENT # P98000009860

1. Entity Name

C M WALLPAPER PLUS, INC.



Principal Place of Business

4807 NW. 49 RD
TAMARAC FL 33319

7730 N.E. 122 PL.
Bronson FL 32621

Mailing Address

4807 NW. 49 RD
TAMARAC FL 33319

7730 N.E. 122 PL
Bronson, FL 32621

2. Principal Place of Business

7730 N.E. 122 Place

3. Mailing Address

7730 N.E. 122 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bronson, FL

City & State

Bronson FL

Zip

32621

Country

LEVY

Zip

32621

Country

LEVY

6. Name and Address of Current Registered Agent

RODRIGUEZ, CLARA M
4807 NW. 49 RD
TAMARAC FL 33319

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RODRIGUEZ, CLARA M
STREET ADDRESS 4807 NW. 49 RD
CITY-ST-ZIP TAMARAC FL 33319 7730 N.E. 122 Place
Bronson, FL 32621

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Clara M. Rodriguez CLARA M. RODRIGUEZ (305) 968-7434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT...

ATTACHMENT

40095616

#P980009860

We are
sorry it is
late but we
receive THE
CARD LATE DUE
TO THE FACT THAT
WE HAVE MOVED

THANK YOU

Clara Rodriguez