

2006 FOR PROFIT CORPORATE 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 Mailing Address

**4807 NW. 49 RD
TAMARAC FL 33319
7730 N.E. 122 PL.
Bronson FL 32621**

**4807 NW. 49 RD
TAMARAC FL 33319
7730 N.E. 122 PL
Bronson, FL 32621**



2. Principal Place of Business 3. Mailing Address

7730 N.E. 122 Place **7730 N.E. 122 Place**

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

Bronson, FL **Bronson FL**

Zip Country Zip Country

32621 LEVY **32621 LEVY**

4. FEI Number Applied For

65-0819797 Not Applicable

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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 \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	RODRIGUEZ, CLARA M
STREET ADDRESS	4807 NW. 49 RD 7730 N.E. 122 Place
CITY-ST-ZIP	TAMARAC FL 33319 Bronson, FL 32621
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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