2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000012750

Entity Name: C M C AFFILIATES, INC.

City-St-Zip:

MIAMI, FL 33131

FILED Apr 20, 2005 Secretary of State

Littly Na	IIIe. CIVICAI	-FILIATES, INC.			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
861 SW 8 MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
861 SW 8 MIAMI, FL					
FEI Number: 65-0816247 FEI Number Applied For ()		FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of (Current Registered Agent:	Name and Address of	New Registered Agent:	
COLAS, S 520 BRICH MIAMI, FL	KELL KEY DRI	VE A-307			
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ODOARDO, DI	KEY DRIVE A-307	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	COLAS, SUSA	KEY DRIVE A-307	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	D (ESMILDO, MA 874 SW 8TH S		Title: (Name: Address:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: SUSAN COLAS VP 04/20/2005