
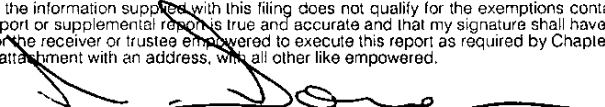


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90232 030 \*\*\*150.00

DOCUMENT # P98000042614					
1. Entity Name CMRUSA, INC.					
Principal Place of Business 140 NE 28TH AVENUE, #605 POMPANO BEACH, FL 33062			Mailing Address 900 E ATLANTIC BLVD STE 17 POMPANO BEACH, FL 33060		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address <b>739 E Atlantic Blvd</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>Pompano Beach FL</b>		
Zip		Country		Zip <b>33060</b> Country <b>US</b>	
6. Name and Address of Current Registered Agent  STUPARITZ, ALAN <del>900 E ATLANTIC BLVD</del> <del>STE 17</del> POMPANO BEACH, FL 33060				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>739 E ATLANTIC BLVD</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DOWNEY, MICHAEL C 140 NE 28TH AVENUE, #605 POMPANO BEACH, FL 33062	<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: 			3-20-08 954-783-5030		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40056153



01032008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0844024 Applied For Not Applicable

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