## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P98000092084** 

1. Entity Name

C P ADVISORS, INC.



FILED Jan 17, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

12844 SW102 COURT MAM, FL 33176 12844 SW102 COURT MAM, FL 33176



01062006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0870886 Applied For Not Applicate

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

JACOBS, STUART L 12844 SW 102 COURT MIAMI, FL 33176

STREET ACORESS
CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the p ions of registered agent.	urpose of changing its registered	office or t	registered agent, or be	oth, in the State of Florida. I am familiar with, and acc
SIGNATURE_	Signature, typed or printed name of registered agent and title i	Control of the contro		e required when reinstaling)	DATE
	Signature, typed or printed name of registered agent and time i	7 applicable. [NOTE: Registered Ag	eur arbumm	Ledning when teruscomus)	UA1E
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees			
10.	OFFICERS AND DIRECTORS			···-··	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, STUART L 12844 SW 102 COURT MIAMI, FL 33176				1001.0u38 <del>8</del> 541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACOBS, JOAN 12844 SW 102 COURT MIAMI, FL 33176				01/20/06-80009-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther certify that the information inclicated 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

of de Jamb

1/15/06