

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000055543

FILED
May 03, 2008
Secretary of State

Entity Name: C & E MANAGEMENT GROUP, INC.

Current Principal Place of Business:

133 LENAPE DRIVE
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 52-6248
MIAMI, FL 33152

New Mailing Address:

FEI Number: 65-0928203

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ECHEVARRIA, VICKY
133 LENAPE DR.
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: ECHEVARRIA, MARIA M
Address: 133 LENAPE DRIVE
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: PDST () Delete
Name: ECHEVARRIA, VICKY
Address: 133 LENAPE DR.
City-St-Zip: MIAMI SPRINGS, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: VICKY ECHEVARRIA

PDST

05/03/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date