


2005 FOR PROFIT CORPORATION

DOCUMENT # P99000109435 1. Entity Name CPW GROUP, INC.						FILED 05 OCT 13 AM 10:14 09/12/05 90006 004180.	
Principal Place of Business 1801 GREEN ROAD POMPANO BEACH, FL 33064				Mailing Address P.O. BOX 4937 DEERFIELD BEACH, FL 33442			
2. Principal Place of Business		3. Mailing Address		10112005 REIN-P CR2E098 (6/04) 4. FEI Number 65-0963836 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent MILO, IVAN 1801 GREEN ROAD POMPANO BEACH, FL 33064				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: <u>Ivan Milo</u> 10-12-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTS <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILO, IVAN			NAME	100060586541 10/13/05--01064--005 ***408.75		
STREET ADDRESS	225 GOOLSBY BLVD			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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NAME				NAME			
STREET ADDRESS							
CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Ivan Milo 10-12-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #