


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # S12524 1. Entity Name CORPORATE PLANNING RESOURCES, INC.	
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Principal Place of Business 7550 SW 128 ST MIAMI, FL 33156	Mailing Address 7550 SW 128 ST MIAMI, FL 33156
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0235559	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TANEN, JEFFREY S.
2 S BISCAYNE BLVD
SUITE 3250
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TANEN, JEFFREY S. 2 S BISCAYNE BLVD #3250 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP SHOMER, TIGHE P. 7550 S.W. 128 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAUER, S PATRICIA 7550 S.W. 128 STREET MIAMI, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

100000003603
01/13/04-80063-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tighe Shomer 1/6/04 305 252-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #