




**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # S21712			
1. Entity Name CAMBRIDGE ASSET MANAGEMENT, INC.			
Principal Place of Business 3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD, FL 33021-6746		Mailing Address 3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD, FL 33021-6746	
DO NOT WRITE IN THIS SPACE			
		04112005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0233578	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORNFELD ROBERT M. 3850 HOLLYWOOD BLVD 400 SUITE 485 SOUTH HOLLYWOOD, FL 33021		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPVS CORNFELD, JEFFREY D. 3850 HOLLYWOOD BLVD. HOLLYWOOD, FL 33021		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DUFEK, JOHN A 3850 HOLLYWOOD BLVD #400 HOLLYWOOD, FL 33021		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HUROWITZ, SUSANNE 3850 HOLLYWOOD BLVD HOLLYWOOD, FL 330216746		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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: 		4/12/05 954) 989-2200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jeffrey D. Cornfeld		Date Daytime Phone #	