2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S21712

1. Entity Name
CAMBRIDGE ASSET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD, FL 33021-6746	3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD, FL 33021-6746

DO NOT WRITE IN THIS SPACE

03142007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0233578	Not Applicable

5. Certificate of Status Desired ☐   **$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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS	
TITLE	DPVS	
NAME	CORNFELD, JEFFREY D.	
STREET ADDRESS	3850 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	
NAME	DUFEK, JOHN A	
STREET ADDRESS	3850 HOLLYWOOD BLVD #400	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
TITLE	VP	
NAME	HUROWITZ, SUSANNE	
STREET ADDRESS	3850 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD, FL 330216746	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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04/30/07-80057-009 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   3/19/07   (954) 989-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

Jeffrey D Cornfeld