

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # S81606

1. Entity Name
C.P.I. MANUFACTURING CO., INC.



Principal Place of Business
5945 RAVENSWOOD RD
BLDG 2
FT. LAUDERDALE, FL 33312 US

Mailing Address
5945 RAVENSWOOD RD
BLDG 2
FT. LAUDERDALE, FL 33312 US



02212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0299259	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BENBASAT, STEVE
5945 RAVENSWOOD RD.
FORT LAUDERDALE, FL 33312

**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 _____
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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	BENBASAT, STEVEN
STREET ADDRESS	5945 RAVENSWOOD RD, SUITE #2
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	VSD
NAME	WANTMAN, GREG
STREET ADDRESS	5945 RAVENSWOOD RD, SUITE #2
CITY-ST-ZIP	FT. LAUDERDALE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000448818
03/09/06-80030-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #