

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # V08769		
1. Entity Name CNN PROPERTY MANAGEMENT COMPANY, INC.		
Principal Place of Business 971 W. FAIRBANKS AVE. ORLANDO, FL 32804		Mailing Address 971 W FAIRBANKS AVE. ORLANDO, FL 32804
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHANH Q. NGUYEN 971 W. FAIRBANKS AVE. ORLANDO, FL 32804		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, word or printed name of registered agent and this 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		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	NGUYEN, CHANH Q.	
STREET ADDRESS	4409 STEED TERR.	
CITY-ST-ZIP	WINTER PARK, FL 32792	
TITLE	D	
NAME	NGUYEN, NGAN M.	
STREET ADDRESS	4409 STEED TERR.	
CITY-ST-ZIP	WINTER PARK, FL 32792	DO NOT WRITE IN THIS SPACE
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
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: 		2-7-06 407 740 8002
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



02072006 No Chg-P OR2E034 (11/05)

4. FEI Number
59-3104000 Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.76 Additional
Fee RequiredU000000425663
02/20/06-80010-025 150.00