## 2005 FOR PROFIT CORPORATION

## ANNUAL REPORT **DOCUMENT # F00000006034** 1. Entity Name CBA PROPERTY MANAGEMENT, INC. Mailing Address Principal Place of Business



**FILED** -Apr 30, 2005 08:00 AM Secretary of State

10933 WELLWORTH#6 LCSANGELES CA 90024

10933 WELLLWOFTH#6 LOS ANDELES CA 90024



DO I	TOV	WRITE	IN THIS	SPACE
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CR2E034 (10/03) 04272005 No Chg-P

4. FEI Number 95-4324075 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

NEUKAMM, MICHAEL E 301 E. PINE STREET, SUITE 1400 ORLANDO, FL 32801

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	urpose of changing its registered	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable (NCTE Registered A	gent algnature	required when reinstating)	DAYE
FILE NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			D D	\$5.00 May Be Added to Fees	
10.	OFFIČERS AND DIREC	TORS		* * * * * * * * * * * * * * * * * * *	new land
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BAKER, CONRAD C 10933 WELLWORTH #6 LOS ANGELES, CA 90024		1 <u>.</u> 5		U0000345216 04/30/05-80026-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BAKER, CONRAD C 10933 WELLWORTH #6 LOS ANGELES, CA 90024			-	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		N. T. 1444		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		e e e e e e e e e e e e e e e e e e e	• • •	IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>			
TITLE NAME STREET ADDRESS		<u>-</u>	1 11tk s	- ng	

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR