


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F00000006035
 1. Entity Name
CBA FINANCIAL, INC.



Principal Place of Business Mailing Address
 10933 WELLWORTH AVE 10933 WELLWORTH AVE
 #6 #6
 LOS ANGELES, CA 90024 LOS ANGELES, CA 90024

DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 95-4711793 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SULLIVAN, CHRIS
 301 E. PINE STREET, SUITE 1400
 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

B. 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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | PST |
| NAME | BAKER, CONRAD C |
| STREET ADDRESS | 10933 WELLWORTH AVE #6 |
| CITY-ST-ZIP | LOS ANGELES, CA 90024 |
| TITLE | CD |
| NAME | BAKER, CONRAD C |
| STREET ADDRESS | 10933 WELLWORTH AVE # 6 |
| CITY-ST-ZIP | LOS ANGELES, CA 90024 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000167191
 07/19/04-80010-021 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Conrad C. Baker Date: 7/19/04 Daytime Phone #: 310-445-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR