## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000019546

Entity Name: CBICCORP.

FILED Apr 26, 2006 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Plac	e of Business:	
	SOUTH RIVER	R DR			
105 MEDLEY, I	FL 33166				
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
8758 SW 8 MIAMI, FL	3TH STREET 33174				
FEI Number:	65-0984431	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address	of New Registered Agent:	
STE 105 MEDLEY, I The above	of Florida.		irpose of changing its register	ed office or registered agent, or both,	
SIGNATUR		nic Signature of Registered Ager	nt .	 Date	
El4: 0			ıı	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	UZ, JOSE	) Delete	Title: Name:	( ) Change ( ) Addition	
City-St-Zip:	7911 NW 72 A MEDLEY, FL		Address: City-St-Zip:		
City-St-Zip: Title: Name: Address: City-St-Zip:	MEDLEY, FL	33166 ) Delete : COURT	Address:	()Change ()Addition	
Title: Name: Address:	MEDLEY, FL 3  VD ( LOPEZ, OMAR 13551 SW 17  MIRAMAR, FL	33166 ) Delete COURT 33027 ) Delete DGER VENUE #105	Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	VD ( LOPEZ, OMAR 13551 SW 170 MIRAMAR, FL  TD ( MORALES, RC 7911 NW 72 A MEDLEY, FL	33166 ) Delete COURT 33027 ) Delete DGER VENUE #105 33166 ) Delete E AVENUE #412	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE UZ PD 04/26/2006