


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90150 004 ***150.00

DOCUMENT # P95000014351

1. Entity Name
CB USA PROPERTY DEVELOPMENT CORPORATION



Principal Place of Business
**140 ELDORADO PKWY SW
 CAPE CORAL FL 33914**

Mailing Address
**140 ELDORADO PKWY SW
 CAPE CORAL, FL 33914**

40023287



2. Principal Place of Business
1616-102 S Cape Coral Pkwy

3. Mailing Address
Same

Suite, Apt. #, etc.

02212005 Chg-P CR2E034 (10/03)

City & State
Cape Coral, FL

City & State

Zip
33914 Country
USA

Zip Country

4. FEI Number
65-0555586

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHULTZ, CHISTEL
 140 ELDORADO PKWY SW
 CAPE CORAL, FL 33914**

7. Name and Address of New Registered Agent

Name
Claus Borgmann

Street Address (P.O. Box Number is Not Acceptable)
1616-102 S Cape Coral Pkwy

City
Cape Coral **FL** Zip Code
33914

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PVST	NAME BORGSMANN, CLAUD	<input type="checkbox"/> Delete
STREET ADDRESS 140 ELDORADO PARKWAY SW	CITY-ST-ZIP CAPE CORAL, FL 33914	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PVST	NAME Borgmann, Claus	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1616-102 S Cape Coral Pkwy	CITY-ST-ZIP Cape Coral, FL 33914	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

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: _____ **2/21/05** Date Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR