

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001848

**Entity Name:** CMB VISIONS UNLIMITED, INC.

**Current Principal Place of Business:**

17201 SW 103 AVE  
MIAMI, FL 33157

**FILED**  
**Apr 28, 2016**  
**Secretary of State**  
**CC9279501498**

**Current Mailing Address:**

P.O. BOX 972088  
MIAMI, FL 33197 US

**FEI Number: 65-1090966**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BURGESS, CHANDRA MCCLAIN  
17400 SW 97TH AVENUE, SUITE 103  
MIAMI, FL 33157 US

*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.*

**SIGNATURE: CHANDRA MCCLAIN BURGESS**

**04/28/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name BURGESS, CHANDRA M  
Address 17400 SW 97TH AVE., SUITE 103  
City-State-Zip: MIAMI FL 33157

Title T  
Name JAMES, JOEY  
Address 17400 SW 97TH AVENUE, SUITE 103  
City-State-Zip: MIAMI FL 33157

Title S  
Name CHIN, INGRID  
Address 17400 SW 97TH AVENUE, SUITE 103  
City-State-Zip: MIAMI FL 33157

Title P  
Name MONTALVO, PIERRE  
Address 17400 SW 97TH AVENUE, SUITE 103  
City-State-Zip: MIAMI, FL 33157

Title D  
Name RIDEAU, KIMBERLY  
Address 3902 N. 9TH AVENUE  
SUITE 6  
City-State-Zip: PENSACOLA FL 32503

Title VP  
Name THELWELL, YEVONNE  
Address P.O. BOX 972088  
City-State-Zip: MIAMI FL 33197

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CHANDRA BURGESS**

**CEO**

**04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date