


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90085 004 \*\*\*150.00

**DOCUMENT # 328146**  
 1. Entity Name  
 C B P CORP



Principal Place of Business  
 1431 MILLER ROAD  
 CORAL GABLES, FL 33146

Mailing Address  
 1431 MILLER ROAD  
 CORAL GABLES, FL 33146

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 59-1217569 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 PELLICANE, ANTHONY J.  
 1431 MILLER ROAD  
 CORAL GABLES, FL 33146

**DO NOT WRITE IN THIS SPACE**

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: *Anthony J. Pellicane* (NOTE: Registered Agent signature required when reinstating) DATE: 1/9/04

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELLICANE, ANTHONY J 1431 MILLER RD. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLICANE, CHRISTINA 10441 ORANGE DR DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLICANE, TAMI 2944 SAN SIMEON WAY PLANO, TX 75023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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: *Anthony J. Pellicane* DATE: 1/9/04 (305) 271-4408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #