## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

**FILED** Apr 04, 2007 08:00 A

DOCUMENT # 555899  1. Entity Name C.S. BABS, INC.				Secretary of S			
Principal Plac 13772 SW 1 MIAMI, FL 3	52ND ST 1	ailing Address 13772 SW 152ND ST AIAMI, FL 33177		1 (40)(1) 20(4)	<b>81 81187 8118 1 18178 18118 18</b> 21		R #1811 B1811941 1/1881
DO NOT WRITE IN THIS SPA			oe.	03262007	No Chg-P	CR2E034 (*	11/05)
			<b>UE</b>	4. FEI Numb 59-184			Applied For Not Applicable
					of Status Desired		75 Additional Required
6. Name and Address of Current Registered Agent					***************************************		:
CHOK, MY HOUNG 13372 SW 152ND STREET MIAMI, FL 33177					NOT W THIS SP		
8. The above the obligati	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	Led office or register	red agent, or bo	oth, in the State of Flo	rida. Lam famili	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	rf applicable. (NOTE, Registere	d Agent signature required	d when reinstating)	Hoooo	DATE CONTRICTOR	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			· _	.00 May Be led to Fees	04/11/07-	<del>0690593</del> -80083-00	03 150.00
10.	OFFICERS AND DIREC	CTORS	]	······································	I		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHOK, MY HOUNG 13372 SW 152ND ST MIAMI, FL			. , N			
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				IN <sup>-</sup>	THIS SP	ACE	,
	4		<b>=</b>				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 others like empowered.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NTHY HOUNG CHOE

200-176 (30E) 20051