2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 24, 2008 8:00 am Secretary of State **DOCUMENT # 555899** 04-24-2008 90108 035 ***150.00 1. Entity Name C.S. BABS, INC. Mailing Address Principal Place of Business 13772 SW 152ND ST 13772 SW 152ND ST DO NOT WRITE IN THIS SPACE MIAMI, FL 33177 MIAMI, FL 33177 03262008 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 59-1840943 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required DO NOT WRITE CHOK, MY HOUNG **13372 SW 152ND STREET** MIAMI, FL 33177 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. Signatule, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 DO NOT WRITE IN THIS SPACE OFFICERS AND DIRECTORS 10. CHOK, MY HOUNG NAME 13372 SW 152ND ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP --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 other like empowered.

FILED

MAILEZE, 2003 (305) 256-0095