

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90046 028 ***150.00

DOCUMENT # F03000006133

1. Entity Name
C & B CONSULTING CORP. OF NEW YORK



Principal Place of Business
5630 WELLESLEY PARK DR, APT 201
BOCA RATON, FL 33433

Mailing Address
5630 WELLESLEY PARK DR, APT 201
BOCA RATON, FL 33433



2. Principal Place of Business
3047 S. ATLANTIC AVE
3. Mailing Address
3047 S. ATLANTIC AVE

Suite, Apt. #, etc.
APT 1701

City & State
DAYTONA BEACH SHORE, FL DAYTONA BEACH SHORE, FL

Zip Country
32118 USA

01182005 Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

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

6. Name and Address of Current Registered Agent

FRASER, WILLIAM
5630 WELLESLEY PARK DR, APT 201
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
3047 S. ATLANTIC AVE APT 1701
City DAYTONA BEACH SHORE FL Zip Code 32118

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 *[Signature]* DATE 2/10/05

Signature, typed or printed name of registered agent and agent applicable.

(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 CP ☐ Delete
NAME FRASER, WILLIAM
STREET ADDRESS 5630 WELLESLEY PARK DR, APT 201
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE VCP ☐ Delete
NAME FRASER, CATHY
STREET ADDRESS 5630 WELLESLEY PARK DR, APT 201
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3047 S. ATLANTIC AVE APT 1701
CITY-ST-ZIP DAYTONA BEACH SHORE, FL 32118

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3047 S. ATLANTIC AVE APT 1701
CITY-ST-ZIP DAYTONA BEACH SHORE, FL 32118

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #