

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90151 030 ***150.00

DOCUMENT # F97000004856

1. Entity Name
CEEBRAID-SIGNAL II, INC.



Principal Place of Business
**250 SOUTH AUSTRALIAN AVENUE
SUITE 1003
WEST PALM BEACH, FL 33401**

Mailing Address
**250 SOUTH AUSTRALIAN AVENUE
SUITE 1003
WEST PALM BEACH, FL 33401**

2. Principal Place of Business - No P.O. Box
1801 S. Australian Ave
Suite, Apt. #, etc.

3. Mailing Address
1801 S. Australian Ave
Suite, Apt. #, etc.

City & State
West Palm Beach FL
Zip
33409 Country

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West Palm Beach FL
Zip
33409 Country

04102008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0790454 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
SCHLESINGER, JASON
250 SOUTH AUSTRALIAN AVE, SUITE 1003
WEST PALM BEACH, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
SCHLESINGER, ADAM
250 SOUTH AUSTRALIAN AVE, SUITE 1003
WEST PALM BEACH, FL 33401** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**1801 S. Australian Ave
West Palm Beach FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**1801 S. Australian Ave
West Palm Beach FL 33409**

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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, if applicable, with all other like empowered.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #