


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2005 08:00 AM**  
**Secretary of State**


**DOCUMENT # F98000006943**

1. Entity Name  
**CSC PB-190 LP CORPORATION**



Principal Place of Business <b>% CEEBRAID-SIGNAL CORPORATION          250 AUSTRALIAN AVE. SOUTH, STE. 1003          WEST PALM BEACH, FL 33401</b>	Mailing Address <b>% CEEBRAID-SIGNAL CORPORATION          250 AUSTRALIAN AVE. SOUTH, STE. 1003          WEST PALM BEACH, FL 33401</b>
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**DO NOT WRITE IN THIS SPACE**



05052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0882080</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHLESINGER, ADAM  
 250 AUSTRALIAN AVE. SOUTH, STE. 1003  
 WEST PALM BEACH, FL 33401**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHLESINGER, ADAM 250 AUSTRALIAN AVE. SOUTH, STE. 1003 WEST PALM BEACH, FL 33401
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 05/10/05-80004-016 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

*Adam Schlesinger President*