


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # H05497 1. Entity Name CMSB ENTERPRISES OF FLORIDA, INC.	
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Principal Place of Business % PEOPLES BANK, CORP. TAX DEPT. 850 MAIN ST., 15-586 BRIDGE PORT, CT 06604	Mailing Address % PEOPLES BANK, CORP. TAX DEPT. 850 MAIN ST., 15-586 BRIDGE PORT, CT 06604
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DO NOT WRITE IN THIS SPACE



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 08-1114188	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MATLOS, SUSAN 850 MAIN ST. BRIDGEPORT, CT 06604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRESTOVAN, PETER M. 850 MAIN ST. BRIDGEPORT, CT 06604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BODOR, DAVID 850 MAIN ST BRIDGEPORT, CT 06604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LEWIS, LYNDIA 850 MAIN ST BRIDGEPORT, CT 06604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000396245
01/18/06-80050-024 150.00

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IN THIS SPACE**

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_____ Date _____ Daytime Phone # _____