

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # H05497

1. Entity Name
CMSB ENTERPRISES OF FLORIDA, INC.



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**



02212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1114188	Applied For <input type="checkbox"/> 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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/07 *203-338-1100*
Date Daytime Phone #