2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # H05497

1. Entity Name
CMSB ENTERPRISES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
% PEOPLES BANK, CORP. TAX DEPT. 850 MAIN ST., 15-586 BRIDGE PORT, CT 06604	% PEOPLES BANK, CORP. TAX DEPT. 850 MAIN ST., 15-586 BRIDGE PORT, CT 06604

DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1114188

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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

U00000802775
02/04/08-80012-017 150.00

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, LYNDA
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	

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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 with an address, with all other like empowered.

SIGNATURE: _____ 1/18/08 203-338-4069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #