2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# H05497

Entity Name: CMSB ENTERPRISES OF FLORIDA, INC.

Current Principal Place of Business:

% PEOPLES BANK, CORP. TAX DEPT.
850 MAIN ST., 15-586
BRIDGE PORT, CT 06604

New Principal Place of Business:

Current Mailing Address:

% PEOPLES BANK, CORP. TAX DEPT.
850 MAIN ST., 15-586
BRIDGE PORT, CT 06604

New Mailing Address:

FEI Number: 06-1114188 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: MATLOS, SUSAN
Address: 850 MAIN ST.
City-St-Zip: BRIDGEPORT, CT 06604

Title: P ( ) Delete
Name: BRESTOVAN, PETER M.,
Address: 850 MAIN ST.
City-St-Zip: BRIDGEPORT, CT 06604

Title: VP ( ) Delete
Name: BODOR, DAVID
Address: 850 MAIN ST
City-St-Zip: BRIDGEPORT, CT 06604

Title: SEC ( ) Delete
Name: LEWIS, LYNDA
Address: 850 MAIN ST
City-St-Zip: BRIDGEPORT, CT 06604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN A MATLOS TREA 01/07/2009
Electronic Signature of Signing Officer or Director Date