


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90087 004 \*\*\*158.75

**DOCUMENT # K27510**  
 1. Entity Name  
 CBM OF AMERICA, INC.



Principal Place of Business  
 1455 W NEWPORT CTR DR  
 DEERFIELD BCH, FL 33442 US


Mailing Address  
 1455 W NEWPORT CTR DR  
 DEERFIELD BEACH, FL 33442 US

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



01082008 Chg-P CR2E034 (12/06)

4. FEI Number  
 65-0057313 Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

DEZENZO, LARRY  
 1455 W. NEWPORT CENTER DR  
 DEERFIELD BEACH, FL 33442

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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**

**10. OFFICERS AND DIRECTORS**

TITLE	VPT	<input type="checkbox"/> Delete
NAME	DEZENZO, LAWRENCE	
STREET ADDRESS	1455 W NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	SIMONSON, BRUCE	
STREET ADDRESS	1455 W NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	STEPHENS, MICHAEL	
STREET ADDRESS	1455 W NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	SULTAN, EDDIE E	
STREET ADDRESS	1455 W NEWPORT CTR DR	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GRECO, JOE	
STREET ADDRESS	1455 W NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BUCCO, ROBERT	
STREET ADDRESS	1455 W NEWPORT CENTER DR	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brandon Argeman	
STREET ADDRESS	1455 W. NEWPORT CENTER DR.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** Eddie E Sultan VP & CFO **1-8-08** **954-246-1787**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #