

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000045850

1. Entity Name

C WEBBER ENTERPRISES, INC.



Principal Place of Business

2495 NORTHWEST 35TH AVENUE  
MIAMI, FL 33142

Mailing Address

2495 NORTHWEST 35TH AVENUE  
MIAMI, FL 33142



04152005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-1102101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WEBBER, CONRAD  
2495 NORTHWEST 35TH AVENUE  
MIAMI, FL 33142

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000325876  
04/23/05-80034-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WEBBER, CONRAD J
STREET ADDRESS	2495 NW 35 AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	VP
NAME	TANSEY, BARBARA W
STREET ADDRESS	2495 NW 35 AVE
CITY-ST-ZIP	MIAMI, FL 33142
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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:

*Barbara W. Tansey VP.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/21/05*  
Date

*305-633-9636*  
Daytime Phone #