2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P01000054064 FILED CFB HOLDINGS, INC. 08 APR 10 AM 9:01 JECRETARY OF STATE Principal Place of Business Mailing Address 8100 SOUTHWEST 81ST DR. 8100 SOUTHWEST 81ST DR. 210 MIAMI, FL 33143 MIAMI, FL 33143 03262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1109849 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent-HECHTMAN, BARRY J DO NOT WRITE 8100 S W 81 DRIVE #210 IN THIS SPACE MIAMI, FL 33143 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 9. Election Campaign Financing \$5.00 May Be 300123495743 Added to Fees)4/15/08--01003--011 **288.75 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE NAME BELL, ALAN STREET ADDRESS 8100 SW 81 DR. #210 CITY-ST-ZIP MIAMI, FL 33143 TITLE HECHTMAN, BARRY NAME STREET ADDRESS 8100 S W 81 DRIVE # 210 CITY-ST-ZIP MIAMI, FL 33143 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 trystee 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 attack address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #