

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90065 011 ***150.00

DOCUMENT # P01000057349 1. Entity Name CEBC CORPORATION					
Principal Place of Business 237 NW 30TH STREET STE. #5 MIAMI, FL 33127			Mailing Address 237 NW 30TH STREET STE. #5 MIAMI, FL 33127		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40107140	
City & State		City & State		04022007 Chg-P CR2E034 (12/06)	
Zip Country		Zip Country		4. FEI Number 20-0846490	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARRASCAL, LEONARDO AGENT 8200 NW 41 ST. STE. 175 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name Leonardo Carrascal Street Address (P.O. Box Number is Not Acceptable) 237 NW 30th Street #5 City Miami FL Zip Code 33127		
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  Leonardo Carrascal DATE 4-28-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BAYONA, OSCAR M 8200 NW 41 ST. STE 175 MIAMI, FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  Leonardo Carrascal			Date 4/12/07 Daytime Phone # 786 225836		