

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90253 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086903
1. Entity Name
C B S INTERNATIONAL TRADING CORP

DO NOT WRITE IN THIS SPACE

14009472

2. Principal Place of Business <u>7547 NW 79 AVE #110</u> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <u>TAMARAC, FL</u>		City & State 	
Zip <u>33321</u>	Country 	Zip 	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u>65-1137010</u>		Applied For <input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>CESAR BARRANTES</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>7547 NW 79th Ave. #110</u>		
City <u>TAMARAC</u> FL Zip Code <u>33321</u>			

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 C. Barrantes **DATE** 4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$650.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>* PRESIDENT</u> <u>CESAR BARRANTES</u> <u>7547 NW 79th Ave. #110</u> <u>TAMARAC, FL 33321</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: C. Barrantes **DATE** 4/15/05 **Daytime Phone #** 954.296.6281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR