2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059899

Entity Name: COMPLETE BUSINESS ADVISORS, INC.

FILED May 11, 2005 Secrefary of State

New Mailing Address	:
New Mailing Address	:
Number Not Applicable()	Certificate of Status Desired ()
Name and Address of	New Registered Agent:
e of changing its registered	office or registered agent, or both,
	Date
€	Name and Address of

OFFICERS AND DIRECTORS:

Title: () Delete PIERRE-LOUIS, BERNARD Name: 3308 SPANISH WELLS DR, STE A Address: City-St-Zip: DELRAY BCH, FL 33445

Title: () Delete FORTUNE, CARMELOT D Name: Address: 2780 NW 94 AVE

CORAL SPRINGS, FL 33065 City-St-Zip:

Title: SD () Delete Name: JEAN-FRANCOIS, KERVENS 821 RICH DRIVE TIVOLI #103 Address: City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

Title: (X) Change () Addition PIERRE-LOUIS, BERNARD Name: 3308 SPANISH WELLS DR, STE A Address: City-St-Zip: DELRAY BCH, FL 33445

FORTUNE, CARMELOT D Name:

Address: 2780 NW 94 AVE

CORAL SPRINGS, FL 33065 City-St-Zip:

VΡ

Title:

Title: MO (X) Change () Addition

Name: JEAN-FRANCOIS, KERVENS Address: 821 RICH DRIVE TIVOLI #103 City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BERNARD PIERRE-LOUIS Ρ 05/11/2005