

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90055 026 ***158.75

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1. Entity Name
CB REAL ESTATE INVESTMENTS, INC.



Principal Place of Business
220 ALHAMBRA CIR
CORAL GABLES, FL 33134

Mailing Address
220 ALHAMBRA CIR
CORAL GABLES, FL 33134

RECEIVED
40061351



03242008 No Chg-P CR2E034 (11/05)

4. FEI Number
32-0033543

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

CTC MGMT SERVICES, LLC.
220 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME VILLAR, GUILLERMO
STREET ADDRESS 220 ALHAMBRA CIR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME WILSON, MILLAR
STREET ADDRESS 220 ALHAMBRA CIR
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME PERAZA, ALBERTO
STREET ADDRESS 220 ALHAMBRA CIR
CITY-ST-ZIP CORAL GABLES, FL 33134

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/08

Date

305 960 4038

Daytime Phone #