

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000104664

FILED  
May 03, 2004  
Secretary of State

**Entity Name:** COMPLETE BUSINESS SOLUTIONS OF IMMOKALEE INC.

**Current Principal Place of Business:**

395 N. 15TH ST.  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

495 N. 15TH ST.  
IMMOKALEE, FL 34142

**Current Mailing Address:**

395 N. 15TH ST.  
IMMOKALEE, FL 34142

**New Mailing Address:**

495 N. 15TH ST.  
IMMOKALEE, FL 34142

**FEI Number:** 33-1024902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLORES, LILIANA  
395 N. 15TH ST.  
IMMOKALEE, FL 34142

**Name and Address of New Registered Agent:**

FLORES, LILIANA  
495 N. 15TH ST.  
IMMOKALEE, FL 34142

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.

SIGNATURE: LILIANA FLORES

05/03/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FLORES, LILIANA  
Address: 395 N. 15TH ST.  
City-St-Zip: IMMOKALEE, FL 34142

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FLORES, LILIANA  
Address: 495 N. 15TH ST.  
City-St-Zip: IMMOKALEE, FL 34142

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: LILIANA FLORES

PRES

05/03/2004

Electronic Signature of Signing Officer or Director

Date