SIGNATURE:

2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 20, 2004 8:00 am Secretary of State **DOCUMENT # P03000025560** 1. Entity Name 05-20-2004 90005 049 ***150.00 CLB FINANCIAL SERVICES INC. Principal Place of Business Mailing Address 3431 WOOLBRITE RD 3431 WOOLBRITE RD BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 2. Principal Place of Business 3431 WeollowantRD 3431 Woolbrigh Suite, Apt. #, etc. 03112003 CR2E034 (10/03) Chg-P Boynton Beach, Fl Applied For City & State Control Beach, FL \$ FEI Number 4 9973 Not Applicable Polm Beach Pallin Brach \$8.75 Additional 33436 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **BLOOM, CHARLES** Street Address (P.O. Box Number is Not Acceptable) 3431 WOOLBRITE RD BOYNTON BEACH, FL-33436 Zip Code 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. BIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Change Ch ☐ Addition ☐ Delete TITLE BLOOM, CHARLES Bloom, Charles NAME NAME 3431 Wood bz, 9n+PD Beyn+ON Brack, FL 33436 3431 WOOLBRITE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST- 7P Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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 it with an address, with all other like empowered.

FILED



PHACHMEN F

8816 Via Tuscany Drive Boynton Beach, FL 33437-3950 Palm Beach County

Cell 561-577-0205 Fax 561-738-0500 E-Mail philaharry 11@yahoo.com

May 15,2004

RE:CLB Financial Services Inc.

RE: Document #P98000098855

EIN: #65-0877127

Department of State
Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Division of Corporations:

I am sorry that this document did not get to you before May 1. My client never got any information on the 2004 For Profit Corporation Report, probably because it is the first year of the corporation. I have been hospitalized three times since the middle to April, due to problems with light and severe headaches. I was in St. Mary's Hospital for a few days from April 15th and in JFK Hospital from April 25th until May 14th. It is obvious that I was physically unable to respond in time. I had a brain biopsy during that time. I was actually home the last day or two in April but, was unable to file on line due to light and various other physical problems. I can provide you with any documentation that you-require to verify the above.

Please accept this payment of \$150. and don't fine CLB Financial Services Inc.

Sincerely Yours,

Harry M. Berman

-MC