

**FILED**  
**Apr 11, 2006 08:00 AM**  
**Secretary of State**

1. Entity Name  
**CBA SERVICES, INC.**



**Mailing Address**  
C/O MARC H. AUERBACH, ESQ.  
201 S BISCAYNE BLVD STE 2000  
MIAMI, FL 33131

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

02162008

Chg-P

CR2E034 (11/05)

4. FEI Number  
56-2391010

|                |
|----------------|
| Applied For    |
| Not Applicable |

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE \_\_\_\_\_

**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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete☐ Delete☐ Delete☐ Get info☐ Delete

 Delete

☐ Change    ☐ Addition☐ Change    ☐ Addt'lsg☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Chance      ☐ Addition

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:**

*Boyd D. Kinnor*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06

305-271-0471