

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90037 041 ***150.00

DOCUMENT # P03000053753

1. Entity Name
CBA SERVICES, INC.



Principal Place of Business
C/O MARC H. AUERBACH, ESQ.
201 S BISCAYNE BLVD STE 2000
MIAMI, FL 33131

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

50002023



02122008 Chg-P CR2E034 (12/06)

4. FEI Number
56-2391010

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

2. Principal Place of Business - No P.O. Box #
200 S. Biscayne Blvd
Suite, Apt. #, etc.
Suite # 3900
City & State

3. Mailing Address
200 S. Biscayne Blvd
Suite, Apt. #, etc.
Suite # 3900
City & State

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

AUERBACH, MARC H ESQ
201 S BISCAYNE BLVD STE 2000
MIAMI, FL 33131

[Signature]

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd.
Suite # 3900
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 *Marc Auerbach*
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GENNARO, MARIA DEL PILA
11850 SW 92ND LANE
MIAMI, FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
GENNARO, JOE
11850 SW 92ND LANE
MIAMI, FL 33186 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08 *305-271-0471*
Date Daytime Phone #