

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90753 013 ***150.00

DOCUMENT # P03000055745

1. Entity Name
C & B ENTERPRISES OF BREVARD, INC.



Principal Place of Business
**512 HANDSOME CAB LANE
MALBOURNE, FL 32940**

Mailing Address
**512 HANDSOME CAB LANE
MALBOURNE, FL 32940**



2. Principal Place of Business

1150 MALABAR RD SE

Suite, Apt. #, etc.

SUITE 117

City & State

PALM BAY, FL

Zip

32907-3239 BREVARD

Country

3. Mailing Address

1150 MALABAR RD SE

Suite, Apt. #, etc.

SUITE 117

City & State

PALM BAY, FL

Zip

32907-3239 BREVARD

Country

04142004

Chg-P

CR2E034 (10/03)

4. FEI Number

32-0077871

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, GARY P
46 S.W. FIRST STREET, #400
MIAMI, FL 33130**

7. Name and Address of New 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, 2004 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** ☐ Delete
NAME **CHAITT, SAMANTHA**
STREET ADDRESS **512 HANDSOME CAB LANE**
CITY-ST-ZIP **MALBOURNE, FL 32940**

TITLE **D** ☐ Delete
NAME **BIZZARRO, FRANCA**
STREET ADDRESS **512 HANDSOME CAB LANE**
CITY-ST-ZIP **MALBOURNE, FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **404 VISCAYA COURT**
CITY-ST-ZIP **MELBOURNE, FL 32940-1833**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **250 Bayhead Dr.**
CITY-ST-ZIP **Melbourne, FL 32940**

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

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

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

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

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Franca Bizzarro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04
Date

(321) 409-8111
Daytime Phone #