


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90021 044 ***150.00

DOCUMENT # P03000058248 1. Entity Name C & B LENDING, INC.					
Principal Place of Business 3894 MANNIX DR #220 NAPLES, FL 34114			Mailing Address 8168 IBIS COVE CIRCLE NAPLES, FL 34119		
2. Principal Place of Business 3894 MANNIX DR.		3. Mailing Address 3894 MANNIX DR.			
Suite, Apt. #, etc. 220		Suite, Apt. #, etc. 220			
City & State Naples, FL		City & State Naples FL		4. FEI Number 06-1696862	
Zip 34114		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, MAXIMILIANO J 8168 IBIS COVE CIRCLE NAPLES, FL 34119		7. Name and Address of New Registered Agent Name MAYRA MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 3894 MANNIX DR #220 City Naples FL Zip Code 34114			
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 <i>Mayra Martinez</i> 01-05-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, MAYRA 1924 SANTA BARBARA BLVD. NAPLES, FL 34116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ MAYRA 3894 MANNIX DR #220 Naples, FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, JACQUELINE 1924 SANTA BARBARA BLVD. NAPLES, FL 34116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ JACQUELINE 3894 MANNIX DR #220 Naples, FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRER, YESENIA C 1924 SANTA BARBARA BLVD. NAPLES, FL 34116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FERRER, YESENIA C. 3894 MANNIX DR #220 Naples, FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NAJERA, JACQUELINE M 1924 SANTA BARBARA BLVD. NAPLES, FL 34116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARTINEZ JACQUELINE 3894 MANNIX DR #220 Naples, FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Mayra Martinez</i> MAYRA MARTINEZ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-05-05 2393542673 <small>Date Daytime Phone #</small>		