## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

همت والعامرين

FILED Apr 07, 2004 8:00 am Secretary of State 04-07-2004 90026 005 \*\*\*150.00

4/2/2004

Date

(954)249-1555 Daytime Phone #

DOCUMEN I # 1. Entity Name	₱ ₱0300010	3598						
C.B.N Capital & Real I					0.40.5	6746		
DO N	OT WRI	E IN THIS:	SPA	CE	9404	.0120		
2. Principal Place of Business 3021 NE 47th Street		3. Mailing Address 3021 NE 47th Street						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Lighthouse Point, FL		City & State Lighthouse Point		4. FEI Number 20-0254839	Applied For Not Applicable			
Zip	Country	Zip		ountry	5. Certificate of Status Desired	\$8.75 Additional		
33064-7137	USA	33064-7137	- USA		ne and Address of Current Regis			
				Name				
Ī	O NOT I	NRITE		Chi B. Nguyen	n ress (P.O. Box Number is Not Acce	intable)		
IN THIS SPACE				3021 NE 47th				
<b>=</b>	N 11110 C	IT AUL						
				City Lighthouse Po	FL.	Zip Code 33064-7137		
8. The above named	l entity submits thi	s statement for the purp	ose of c		stered office or registered agent, or			
		ind accept the obligation						
SIGNATURE	Ch. N				Chi B. Nguyen	4/2/2004		
	re, typed or printed nar - May 1 Fee is \$1	ne of registered agent and title	if applicabl	e. (NOTE: Regist	tered Agent signature required when reinstatir	ng) DATE		
After Mi Ameni	ay 1, Fee is \$550. ded UBR is \$61.2	00 5			Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
Make Check Payable 10.		AND DIRECTORS	11.		<del></del>	·· <del>······</del>		
TITLE	Board Advisor/E		Action to the	TLE				
NAME STREET ADDRESS	Clifton H. Rodrig		1 * 1 * 1 * 1 * 1 * 1	AME TREET ADDRESS	S			
CITY-ST-ZIP	Ft. Lauderdale, F	lorida 33309-1206	С	ITY-ST-ZIP				
TITLE NAME	İ		10.5	TLE AME				
STREET ADDRESS			9,000,000	TREET ADDRESS	s			
-CITY-ST-ZIP		ي يوه استوان دوه		TTY-ST-ZIP TLE				
TITLE NAME	1		400000000000000000000000000000000000000	AME				
STREET ADDRESS	d.		100000000000000000000000000000000000000	TREET ADDRESS	S DO NOT W	/RITF		
CITY-ST-ZIP TITLE				ITY-ST-ZIP TLE				
NAME	Ì		N	AME	IN THIS SP	AUE		
STREET ADDRESS CITY-ST-ZIP				TREET ADDRESS ITY-ST-ZIP	S			
TITLE				TLE				
NAME				AME				
STREET ADDRESS CITY-ST-ZIP	}			TREET ADDRESS ITY-ST-ZIP	5			
TITLE				TLE				
NAME				AME	_			
STREET ADDRESS CITY-ST-ZIP	}		23124231313	TREET ADDRESS ITY-ST-ZIP	7			
12. I hereby certify that			t qualify fo	or the exemption s	stated in Section 119.07(3)(i), Florida St			
					and that my signature shall have the sa			
					ee empowered to execute this report as h an address, with all other like empowe			

Chi B. Nguyen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004 FOR PROFIT CORPORATION ANNUAL REPORT

Atlackement 94046746

Daytime Phone #

DOCUMENT # P03000103598  1. Entity Name C.B.N. CAPITAL & REAL ESTATE INVESTMENT CORPORATION									
Principal Plac 1001 NW 45 FT. LAUDERD		Mailing Address 1001 NW 45TH CT. FT. LAUDERDALE, FL 33	309						
Principal Place of Business     3. Mailing Addr									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012004	Chg-P	CR2E03	34 (10/03)	
City & Stat	e	City & State			4. FEI Numbe	er			pplied For at Applicable
Zip	Country	ZipCountry		try	ļ.,	of Status Desired		8:75 Add ee Require	
	6. Name and Address of Current F		Name	7. Name and	Address of New Re	egistered A	gent		
NGUYEN, CHI B 1001 NW 45TH CT. FT. LAUDERDALE, FL 33309				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	e
	named entity submits this statement for	the purpose of changing its re	gistere	ed office or register	red agent, or bot	h, in the State of Flo		I amiliar with,	and accept
the obligat	ions of registered agent.								•
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registere	d Ageni signature required	d when reinstating)		DATE		
After M	E NOW!!! FEE I\$ \$150.00 ay 1, 2004 Fee will be \$550.0	<u>_</u>	oution.		.00 May Be led to Fees				
10.	OFFICERS AND I	DIRECTORS Delete	11. TITLE		ADDITIONS/	CHANGES TO OFFI		DIRECTORS  Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	NGUYEN, CHI B 1001 NW 45TH CT. FT. LAUDERDALE, FL 33309	La Delete	NAMI STRE					LI Oliungo	Pagnet
TITLE	PCD	□ Delete	TITLE					☐ Change	☐ Addition
NAME	NGUYEN, CHI B		NAMI	E					_
STREET ADDRESS CITY-ST-ZIP	1001 NW 45TH CT. FT. LAUDERDALE, FL 33309			ET ADDRESS -ST-ZIP					_
TITLE	VSD VSD	Delete	. TITLE				- ·	☐ Change	Addition
NAME	PHAM, VAN B	₩ <del>₩</del> ₩₩₩₩₩₩₩₩₩₩₩₩	NAMI	E					
STREET ADDRESS CITY-ST-ZIP	1001 NW 45TH CT. FT. LAUDERDALE, FL 33309		1	ET ADDRESS - ST-ZIP					
TITLE	D	Delete	TITLE					☐ Change	Addition
NÀME	RODRIQUEZ, CLIFTON H		NAM	E					_
STREET ADDRESS CITY-ST-ZIP	3146 NW 68 ST. FT. LAUDERDALE, FL 33309			ET ADDRESS - ST-ZIP					
TITLE	TT, ENOBERONEE, TE COOL	Delete	TITLE			· ··· <u>·</u>		☐ Change	Addition
NAME		<del></del>	NAM	E					_
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		□ Delete	TITLE		-			☐ Change	☐ Addition
NAME			NAM	í					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
12. I hereby indicated of the col	Lecrify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emports, or on an attachment with an address, v	owered to execute this report as	the exe	emption stated in Se ture shall have the	ection 119.07(3)( same legal effec 7, Florida Statute	i), Florida Statutes. I it as if made under d is; and that my name	further cert path; that I a e appears in	ify that the ir m an officer Block 10 o	nformation or director r Block 11 if
SIGNAT	'URE:		_						

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR