## **2006 FOR PROFIT CORPORATION**

## May 25, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000104300 05-25-2006 90115 001 \*\*\*\*25.00 05-25-2006 90115 002 \*\*\*125.00 **CB AUTOMOTIVE CORP** Principal Place of Business Mailing Address 8260 NW 166 TERR 8260 NW 166 TERR MIAMI, FL 33016 MIAMI, FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 05232006 CR2E034 (11/05) Applied For City & State City & State 4. FÉI Number 04-3775143 Not Applicable Country \$8.75 Additional Zip Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAEZ, CARLOS A Street Address (P.O. Box Number is Not Acceptable) 8260 NW 166 TERR MIAMI, FL 33016 Zip Code City FL 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 it applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 \$5.00 May Be corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition Ð Delete TITLE TITLE BAEZ, CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 8260 NW 166 TERR CITY - ST - ZIP CITY-ST-ZIP MIAMI, FL 33016 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 1171 F NAMÉ STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY - ST-ZIP ☐ Aac+r Change idte Delete FITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to explute 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 than the provided in the provided statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Daytime Phone #

## ATTACHMENT

5/23/2006

4P03000104300

Division of Corporation Tallahassee, Florida.

RE: Annual Report for C B AutomotiveCorp P03000104300 Year 2006

TO WHOM IT MAY CONCERN:

This letter is to inform you of the reference the following:

I am salesman in Oriente Medio and Europe for company distributing auto part and for this motive all the time I am out of Miami.

I want to change my address to:

The next time will be pay on time.

C B Automotive Corp ATT: Roman Alfonso 7801 Coral Way Suite 113 Miami Fl. 33155

I appreciate very much that you accept the payment for the year 2006.

Thank you

Carlos Baez