

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000156515

Entity Name: CBE ENTERPRISES INC

FILED
Jan 19, 2005
Secretary of State

Current Principal Place of Business:

452 SW CARMELITE STREET
PORT SAINT LUCIE, FL 34983 US

New Principal Place of Business:

PO BOX 881994
PORT SAINT LUCIE, FL 34988 US

Current Mailing Address:

452 SW CARMELITE STREET
PORT SAINT LUCIE, FL 34983 US

New Mailing Address:

PO BOX 881994
PORT SAINT LUCIE, FL 34988 US

FEI Number: 20-0517496

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BENAVIDES, MARIA
452 SW CARMELITE STREET
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

BENAVIDES, MARIA I
2881 SW W LOUISE CIR
PORT SAINT LUCIE, FL 34953 US

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.

SIGNATURE: MARIA I BENAVIDES

01/19/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BENAVIDES, LUIS
Address: 452 SW CARMELITE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: VPD () Delete
Name: BENAVIDES, MARIA
Address: 452 SW CARMELITE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BENAVIDES, LUIS
Address: PO BOX 881994
City-St-Zip: PORT SAINT LUCIE, FL 34988 US

Title: VPD (X) Change () Addition
Name: BENAVIDES, MARIA
Address: 2881 SW W LOUISE CIR
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS BENAVIDES

PD

01/19/2005

Electronic Signature of Signing Officer or Director

Date