

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

07-13-2005 90015 026 ***150.00

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07062005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000058289
 1. Entity Name
CLB INTERNATIONAL CORP.



Principal Place of Business Mailing Address
 5231 NW 74TH AVE. 5231 NW 74TH AVE.
 MIAMI, FL 33166 MIAMI, FL 33166

2. Principal Place of Business 3. Mailing Address
 8120 Geneva Ct 448 Same as principal.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 448

City & State City & State
 Miami, FL

Zip Country Zip Country
 33166 USA

4. FEI Number Applied For
 201184247 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BAPTISTA, OCARLINA L
 5231 NW 74TH AVE.
 MIAMI, FL 33166

7. Name and Address of New Registered Agent
 Name: Ocarlina L. Baptista
 Street Address (P.O. Box Number is Not Acceptable): 8120 Geneva Ct 448
 City: Miami
 State: FL Zip Code: 33166

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: *Ocarlina L. Baptista* Ocarlina L. Baptista 8/5/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BAPTISTA, OCARLINA 5231 NW 74TH AVE. MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Ocarlina Baptista 8120 Geneva, Ct. 448 MIAMI, FL 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Ocarlina L. Baptista*