

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

9/6/2006-90034-013-\$150.00-\$150.00

DOCUMENT # P04000105125

1. Entity Name  
CB TENDER CARE, INC.



06 SEP 25 AM 9:36

Principal Place of Business  
871 NE 207TH TERR., #102  
N. MIAMI BCH, FL 33179

Mailing Address  
871 NE 207TH TERR., #102  
N. MIAMI BCH, FL 33179



**DO NOT WRITE IN THIS SPACE**

STATEMENT OF NO CHANGE OF STATUS (SOS) 06

4. FEI Number  
65-1229853

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BURNETT, CLAUDETTE O  
871 NE 207TH TERR., #102  
N. MIAMI BCH, FL 33179

**DO NOT WRITE  
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

TITLE	PD
NAME	BURNETT, CLAUDETTE O
STREET ADDRESS	871 NE 207TH TERR., #102
CITY-ST-ZIP	N. MIAMI BCH, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

*C. Burnett, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell SEP 26 2006