

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 20 PM 3:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08312007 Chg-P CR2E034 (12/06)

**DOCUMENT # P04000105125**

1. Entity Name  
**CB TENDER CARE, INC.**



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**

2. Principal Place of Business - No P.O. Box #  
**871 NE 207 TERRACE**

3. Mailing Address  
**871 NE 207 TERRACE**

Suite, Apt. #, etc.  
**#102**

Suite, Apt. #, etc.  
**#102**

City & State  
**NORTH MIAMI BEACH, FL**

City & State  
**MIAMI, FLORIDA**

Zip  
**33179**

Country  
**USA**

Zip  
**E 33179**

Country  
**USA**

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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: *Claude O. Burnett* **9/17/07**

Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when completing)

**FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007**

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

| 10. OFFICERS AND DIRECTORS                     |                                                                                  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | PD<br>BURNETT, CLAUDETTE O<br>871 NE 207TH TERR., #102<br>N. MIAMI BCH, FL 33179 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>100109772611<br/>09/21/07--01062--017 **150.00</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY ST ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                          |

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: *Claude O. Burnett* **9/17/07** **305 401 1197**

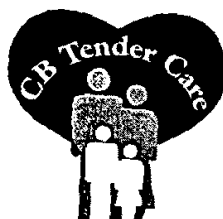
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Corporate Printout #

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9/25/07

pg 202



Claudette O. Burnett, LPN  
President

September 17, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee  
Florida 32302-1500

TO Whom It May Concern:

Enclosed, please find cheque in the amount of  
One Hundred & Fifty Dollars only (\$150.00) for  
Corporation fees as requested.

Also attached, is a letter from Document Specialist  
Supervisor, Michelle Milligan whom I spoke to  
about not receiving any correspondence from your  
office regarding the fees on August 30, 2007.

Please accept my fees and thanks in advance for  
your kind cooperation.

Yours sincerely

Claudette Burnett, LPN  
President.