Pg 1 of 2

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 20 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000105125

1. Entity Name
CB TENDER CARE, INC.

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

08312007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
871 NE 207 TERRACE	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: 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	7. Name and Address of New Registered Agent
BURNETT, CLAUDETTE O 871 NE 207TH TERR., #102 N. MIAMI BCH, FL 33179	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: _____ 9/17/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BURNETT, CLAUDETTE O 871 NE 207TH TERR., #102 N. MIAMI BCH, FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100109772611 09/21/07--01062--017 **150.00
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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: _____ 9/17/07 305 401 1197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/25

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 checque 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.

871 NE 207th Terrace, #102 • North Miami Beach, FL 33179
Office: 305.652.2464 • Fax: 305.652.2464 • Cell: 305.401.1197