


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90420 033 ***150.00

DOCUMENT # P04000135558 1. Entity Name C.B. GARAGE, INC.			
Principal Place of Business 6540 SW 42ND STREET DAVIE, FL 33314 US		Mailing Address 6540 SW 42ND STREET DAVIE, FL 33314 US	
2. Principal Place of Business 6450 SW 42 ST Suite, Apt. #, etc.		3. Mailing Address 6450 SW 42 ST Suite, Apt. #, etc.	
City & State DAVIE, FL Zip 33314		City & State DAVIE, FL Zip 33314	
4. FEI Number 20-1728331		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EICHENBAUM, ALAN 10059 NW 1ST COURT PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP BARNES, CHRISTOPHER 12090 NW 25TH STREET PLANTATION, FL 33323	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS 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: <u>Christopher Barnes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/15/06</u> <u>954.581.6217</u> <small>Date Daytime Phone #</small>	

50013211



03132006 Chg-P CR2E034 (11/05)

ATTACHMENT

April 14, 2006

Divisions of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

500/3.2 11
#P04 000 135558

W & W Garage
6450 S.W. 42nd Street
Davie, Florida 33314

To whom it may concern;

Please make a correction to your records for the above referenced address. The address should be 6450. You have the incorrect numbers on file. Please make the necessary corrections to this business. Thank you.

Sincerely,



Christopher Barnes

/encl
lb