


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 07, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90242 001 \*\*\*150.00  
05-18-2005 90242 002 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P04000157931</b>                                |  |
| 1. Entity Name<br><b>CAMBRIDGE BUSINESS CONSULTANTS, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>5020 W CYPRESS ST - STE 200<br/>TAMPA, FL 33607</b> | Mailing Address<br><b>5020 W CYPRESS ST - STE 200<br/>TAMPA, FL 33607</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

**66042019**

03152005 Chg-P CR2E034 (10/03)

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br><b>20-1984939</b>  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                             |  |
| <b>MORRIS, ROBERT E<br/>5020 W CYPRESS ST - STE 200<br/>TAMPA, FL 33607</b> |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

| 10. OFFICERS AND DIRECTORS |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY - ST - ZIP            |                                 | CITY - ST - ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY - ST - ZIP            |                                 | CITY - ST - ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY - ST - ZIP            |                                 | CITY - ST - ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY - ST - ZIP            |                                 | CITY - ST - ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 | NAME  |   |
| STREET ADDRESS             |                                 | STREET ADDRESS  |   |
| CITY - ST - ZIP            |                                 | CITY - ST - ZIP                                       |   |


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:** *Christopher Cambas* **14.3005 813-949-1764**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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|  |  |   |
|--|--|---|
| DOCUMENT # P04000157931                                |  |  |
| 1. Entity Name<br>CAMBRIDGE BUSINESS CONSULTANTS, INC. |  |   |

ATTACHMENT

66072019

|   |   |
|---|---|
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|---|---|

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| Zip                            | Country | Zip                 | Country |

04202005 Chg-P CR2E034 (10/03)

|               |  |
|---------------|--|
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|---------------|--|

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|  |  |
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SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

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|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>CAMBAS, CHRISTOPHER J<br>4603 RUE BORDEAUX<br>LUTZ, FL 335585363 <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 |
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SIGNATURE: Christopher Cambas 5/1/05 813-335-3337  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #