## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## 05-18-2005 90242 001 \*\*\*150.00 **DOCUMENT # P04000157931** 05-18-2005 90242 002 \*\*\*150.00 CAMBRIDGE BUSINESS CONSULTANTS, INC. Mailing Address PPACANTA Principal Place of Business 5020 W CYPRESS ST - STE 200 5020 W CYPRESS ST - STE 200 TAMPA, FL 33607 TAMPA FL 33607 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-1984939 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 5020 W CYPRESS ST - STE 200 TAMPA, FL 33607 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 Signature, typed or presed meme of registered agent and trie if applicable. (NOTE: Recistered Agent staneture required when reinstaling) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Bo Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DILE Deiete TITLE ☐ Change Addition CAMBAS, CHRISTOPHER J NAME HAME **4603 RUE BORDEAUX** STREET ADDRESS STREET ADDRESS LUTZ, FL 335585363 City-St-Zip TITLE TITLE ☐ Delete Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ME ☐ Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-7/P TITLE ☐ Deleta TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NUME NULE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-709 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Portida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate employers shall have the same legal effect as if made under oath; that it am an officer or director of the corporation or the receiver or trustee empowered to execute his leport 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. G OFFICER OR OBJECTOR SIGNATURE: \_

FILED

Jun 07, 2005 8:00 am Secretary of State

2080 J

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000157931 ATTACHMENT** 1. Entity Name CAMBRIDGE BUSINESS CONSULTANTS, INC. 66022019 Principal Place of Business Mailing Address 5020 W CYPRESS ST - STE 200 5020 W CYPRESS ST - STE 200 TAMPA, FL 33607 TAMPA, FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Ζip Country Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Addrose of New Registered Agent Name MORRIS, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 5020 W CYPRESS ST - STE 200 **TAMPA, FL 33607** City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Apent signature required when rematating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TILLE MILE ☐ Change ☐ Addition CAMBAS, CHRISTOPHER J MALE MAKE STREET ADDRESS **4603 RUE BORDEAUX** STREET ADDRESS LUTZ, FL 335585363 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-27 COTY-ST-ZP TITLE TITLE ☐ Delete ☐ Change ☐ Addition HAME HARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P HE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY - ST- ZIP TITLE □ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE UDE Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZP 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 only; that I am an officer or director of the corporation or the receiver or trusted in properties to execute this popular 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 employeered. 8/3-335-33\$7 ristaphie CAMBS /5165 SIGNATURE: \_