

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024253

FILED
Feb 05, 2009
Secretary of State

Entity Name: CM BUSINESS, INC

Current Principal Place of Business:

499 WEST 23RD STREET
HIALEAH, FL 330101442

New Principal Place of Business:

8320 NW 103 ST
210 A
HIALEAH GARDENS, FL 330164657 US

Current Mailing Address:

499 WEST 23RD STREET
HIALEAH, FL 330101442 US

New Mailing Address:

8320 NW 103 ST
210 A
HIALEAH GARDENS, FL 330164657 US

FEI Number: 71-0978006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MONTES DE OCA, MARILEN
499 WEST 23RD. STREET
HIALEAH, FL 33010 US

Name and Address of New Registered Agent:

MONTES DE OCA, MARILEN
8320 NW 103 ST
210 A
HIALEAH GARDENS, FL 330164657 US

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.

SIGNATURE: MARILEN MONTES DE OCA

02/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MONTES DE OCA, MARILEN
Address: 499 WEST 23RD. STREET
City-St-Zip: HIALEAH, FL 330101442 US

Title: VP () Delete
Name: CARRASCO, JOSE A
Address: 499 W. 23 ST
City-St-Zip: HIALEAH, FL 33010 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MONTES DE OCA, MARILEN
Address: 8320 NW 103 ST # 210 A
City-St-Zip: HIALEAH GARDENS, FL 330164657 US

Title: VP (X) Change () Addition
Name: CARRASCO, JOSE A
Address: 8320 NW 103 ST # 210A
City-St-Zip: HIALEAH GARDENS, FL 330164657 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILEN MONTES DE OCA

P

02/05/2009

Electronic Signature of Signing Officer or Director

Date