


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90315 021 \*\*\*150.00

|  |                                     |   |  |   |  |
|--|-------------------------------------|---|--|---|--|
| <b>DOCUMENT # P05000047830</b><br>1. Entity Name<br><b>CBA HOLDINGS INC.</b>   |                                     |   |  |  |  |
| Principal Place of Business<br><b>1270 WEST 49TH STREET<br/>HIALEAH, FL 33012</b>  |                                     |   | Mailing Address<br><b>6755 S.W. 99 TERRACE<br/>MIAMI, FL 33156</b>   |   |  |
| 2. Principal Place of Business   |                                     | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |                                     | Suite, Apt. #, etc.   |  |   |  |
| City & State   |                                     | City & State  |  |   |  |
| Zip  | Country                             | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent  |                                     |   | 7. Name and Address of New Registered Agent  |   |  |
| <b>GARRIDO, LIZ CPA<br/>340 S.E. MIZNER BLVD.<br/># 1308<br/>BOCA RATON, FL 33432</b>  |                                     |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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: _____ (NOTE: Registered Agent signature required when releasing)  |                                     |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 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  | P/T <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | <b>ARANA, CARLOS D</b>              |   | NAME   |   |  |
| STREET ADDRESS   | <b>6755 S.W. 99 TERRACE</b>         |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>MIAMI, FL 33158</b>              |   | CITY-ST-ZIP  |   |  |
| TITLE  | VP <input type="checkbox"/> Delete  |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | <b>ARANA, BARBARA M</b>             |   | NAME   |   |  |
| STREET ADDRESS   | <b>6755 S.W. 99 TERRACE</b>         |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP  | <b>MIAMI, FL 33158</b>              |   | 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 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><i>Carlos D Arana</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                     |   | Date: <u>4/8/06</u> Daytime Phone #: <u>3057205896</u>   |   |  |

