2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P05000116708 02-09-2006 90043 031 \*\*\*150.00 1. Enlity Name CEBE INVESTMENT CORP. Principal Place of Business Mailing Address UUUUU 4~~ 730 SW 191 AVE PEMBROKE PINES FL 33029 730 SW 191 AVE PEMBROKE PINES FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & Slate City & State Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- - 6. Name and Address of Current Registered Agent-BETTINI, CEASAR 730 SW 191 AVE PEMBROKE PINES FL 33029 Street Address (P.O. Box Number is Not Acceptable) City 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 SIGNATURE Signature, typen or printed name of registered agent and life if appacable (NOTE: Repropert Agest suprature regulard when constitute) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE ☐ Defetz NNE Change ☐ Addition BETTINI, CEASAR NAME NAME STREET ADDRESS 730 SW 191 AVE STREET ADDRESS PEMBROKE PINES FL 33029 CITY-57-21P CITY-ST-ZIP 2.2 Deleta □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-792 TIFLE Detecte ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ... ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 emproymed to execute this report as required by Chapter 60?, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with either the propowered.

NAME STREET ADDRESS

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SIGNATURE:

CITY-ST-ZIP

NAME

SIGNATURE AND FICER OR DIRECTOR

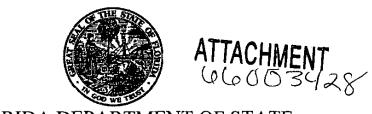
☐ Delete

☐ Change

☐ Addition

Mar 03, 2006 8:00 am Secretary of State

**FILED** 



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2006

CEBE INVESTMENT CORP. 730 SW 191 AVE PEMBROKE PINES, FL 33029

Subject: CEBE INVESTMENT CORP.

Reference Number:

P05000116708

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/rm ANNUAL REPORTS SECTION