

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158985

Entity Name: CSB SPECIALTIES INC.

FILED  
Feb 16, 2009  
Secretary of State

**Current Principal Place of Business:**

4752 NE 11 AVE  
OAKLAND PARK, FL 33334 US

**New Principal Place of Business:**

**Current Mailing Address:**

4752 NE 11 AVE  
OAKLAND PARK, FL 33334 US

**New Mailing Address:**

FEI Number: 11-3763909      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

VON FUNK, LANA A  
1539 FUNSTON ST  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: VON FUNK, LANA A  
Address: 1539 FUNSTON ST  
City-St-Zip: HOLLYWOOD, FL 33020

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MAN. ( ) Change (X) Addition  
Name: KOOP, MARCO P  
Address: 3900 NE 18 AVE #18  
City-St-Zip: OAKLAND PARK, FL 33334

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: LANA VON FUNK

VP

02/16/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date