

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Feb 25, 2009
Secretary of State**

DOCUMENT# P05000158985

Entity Name: CSB SPECIALTIES INC.

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 ()

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

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

02/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date