
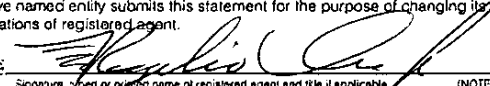
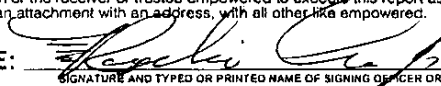


FILED
May 30, 2007 8:00 am
Secretary of State

05-30-2007 90004 009 ***550.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000047846			
1. Entity Name CBO CORPORATION			
Principal Place of Business 2 ALHAMBRA PLAZA SUITE 1202 CORAL GABLES, FL 33134		Mailing Address 2 ALHAMBRA PLAZA SUITE 1202 CORAL GABLES, FL 33134	
2. Principal Place of Business - No P.O. Box # 5783 SW 40th St.		3. Mailing Address 5783 SW 40th St.	
Suite, Apt. #, etc. #208		Suite, Apt. #, etc. #208	
City & State Miami, FL 33155		City & State Miami, FL 33155	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ALHAMBRA REGISTERED AGENTS, INC. 2 ALHAMBRA PLAZA SUITE 1202 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Rogelio Corvo, Jr. Street Address (P.O. Box Number is Not Acceptable) 13220 SW 21 St. City Miami FL Zip 33175	
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  DATE 5-24-2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D Rogelio Corvo, Jr. 13220 SW 21 St. Miami, FL 33175 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE 5-24-2007 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

40118992



05232007 Chg-P CR2E034 (12/06)

4. FEI Number **APPLIED FOR** ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**