## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000109926

Entity Name: CBF VENTURES, INC.

FILED Mar 17, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

111 STONE HARBOR WAY UNIT D DELRAY BEACH, FL 33444

Current Mailing Address: New Mailing Address:

111 STONE HARBOR WAY UNIT D DELRAY BEACH, FL 33444

FEI Number: 20-5514139 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

FUMERO, JOHN J 1700 PALM BEACH LAKES BLVD. SUITE 1000 WEST PALM BEACH, FL 33401 US

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.

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SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: FLEMING, CAROL Name: FLEMING, CAROL

 Name:
 FLEMING, CAROL
 Name:
 FLEMING, CAROL

 Address:
 5800 TOWN BAY DRIVE #427
 Address:
 111 STONE HARBOR WAY # D

 City-St-Zip:
 BOCA RATON, FL 33486
 City-St-Zip:
 DELRAY BEACH, FL 33444

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf ( ) Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change ( ) Addition}$ 

Name: AVER, VERONICA Name: AUER, VERONICA

Address: 5800 TOWN BAY DRIVE #427 Address: 111 STONE HARBOR WAY # D
City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: DELRAY BEACH, FL 33444

Title: ST () Delete Title: ST (X) Change () Addition

Name: AVER, JOE Name: AUER, JOE

Address: 5800 TOWN BAY DRIVE #427 Address: 111 STONE HARBOR WAY # D
City-St-Zip: BOCA RATON, FL 33486 City-St-Zip: DELRAY BEACH, FL 33444

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: CAROL FLEMING PRES 03/17/2008