

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000067440

Entity Name: CMB SOLUTIONS INC.

FILED  
Mar 02, 2009  
Secretary of State

**Current Principal Place of Business:**

7275 WAELTI DR #1  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

7275 WAELTI DR #1  
MELBOURNE, FL 32940

**New Mailing Address:**

PO BOX 411898  
MELBOURNE, FL 32941 18

FEI Number: 26-2993397

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOUSTANI, ANTOINETTE  
7275 WAELTI DR #1  
MELBOURNE, FL 32940 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: P ( ) Delete  
Name: BOUSTANI, ANTOINETTE  
Address: 7275 WAELTI DR #1  
City-St-Zip: MELBOURNE, FL 32940

Title: VP ( ) Delete  
Name: BOUSTANI, LOUIS  
Address: 7275 WAELTI DR #1  
City-St-Zip: MELBOURNE, FL 32940

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

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

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

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

Title: SEC ( ) Change (X) Addition  
Name: BOUSTANI, THERESE  
Address: 7275 WAELTI DR #1  
City-St-Zip: MELBOURNE, FL 32940

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: ANTOINETTE BOUSTANI

P

03/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date