

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000053327

Entity Name: CONSUMER ASSISTANCE BUREAU INC.

FILED  
Mar 10, 2010  
Secretary of State

**Current Principal Place of Business:**

484 S.W. COMMERCE DRIVE  
SUITE 185  
LAKE CITY, FL 32025

**New Principal Place of Business:**

3840 W. HILLSBORO BLVD. SUITE  
SUITE 185  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

484 S.W. COMMERCE DRIVE  
SUITE 185  
LAKE CITY, FL 32025

**New Mailing Address:**

3840 W. HILLSBORO BLVD. SUITE  
SUITE 185  
DEERFIELD BEACH, FL 33442

FEI Number: 80-0432692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PVTD  
Name: GUERRA, MICHAEL  
Address: 3870 HOLLINGSWORTH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: S  
Name: GREENE, MICHAEL CHR  
Address: 21950 SOUNDVIEW TER. # 101  
City-St-Zip: BOCA RATON, FL 33433

Title: D  
Name: OWSLEY, DANIEL  
Address: 3870 HOLLINGSWORTH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER GREENE

S

03/10/2010

Electronic Signature of Signing Officer or Director

Date