2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044466

Entity Name: CB FINANCIAL GROUP, INC.

FILED Apr 14, 2008 Secretary of State

| Current Principal Place of Busi | ness: New | Principal Place of Bus | siness: |
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5055 N.W. 165 STREET 4760 N.W. 165 STREET

MIAMI, FL 33014 US MIAMI GARDENS, FL 33014 US

Current Mailing Address: New Mailing Address:

5055 N.W. 165 STREET 4760 N.W. 165 STREET

MIAMI, FL 33014 US MIAMI GARDENS, FL 33014 US

FEI Number: 65-0417518 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:

CABUS, ALBEIRA
5055 N.W. 165 STREET
MIAMI, FL 33014 US

CABUS, ALBEIRA
4760 N.W. 165 STREET
MIAMI GARDENS, FL 33014 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.

SIGNATURE: 04/14/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

CABUS, ADEMAR

MIAMI, FL 33014

5055 NW 165 ST

5055 N.W. 165 STREET

Name:

Title:

Name: Address:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 CABUS, ALBEIRA
 Name:
 CABUS, ALBEIRA

 Address:
 5055 N.W. 165 STREET
 Address:
 4760 N.W. 165 STREET

 City-St-Zip:
 MIAMI, FL 33014
 City-St-Zip:
 MIAMI GARDENS, FL 33014

 Name:
 CARVALHO, LUCIANA C
 Name:
 CARVALHO, LUCIANA C

 Address:
 5055 N.W. 165 STREET
 Address:
 4760 N.W. 165 STREET

 City-St-Zip:
 MIAMI, FL 33014
 City-St-Zip:
 MIAMI GARDENS, FL 33014

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

Name: CABUS, ADEMAR
Address: 4760 N.W. 165 STREET
City-St-Zip: MIAMI GARDENS, FL 33014

D () Delete Title: D (X) Change () Addition CABUS, VALDIR A DIR Name: CABUS, VALDIR A DIR

Name: CABUS, VALDIR A DIR Address: 4760 NW 165 ST

City-St-Zip: MIAMI, FL 33014 US City-St-Zip: MIAMI GARDENS, FL 33014 US

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: ADEMAR CABUS D 04/14/2008