

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000044466

FILED
Jan 06, 2009
Secretary of State

Entity Name: CB FINANCIAL GROUP, INC.

Current Principal Place of Business:

18459 PINES BLVD, 195
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

Current Mailing Address:

18459 PINES BLVD, 195
PEMBROKE PINES, FL 33029 US

New Mailing Address:

FEI Number: 65-0417518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CABUS, ALBEIRA
18553 SW 12TH ST
PEMBROKE PINES, FL 33029 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: ALBEIRA CABUS

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CABUS, ALBEIRA
Address: 18459 PINES BLVD, 195
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D () Delete
Name: CARVALHO, LUCIANA C
Address: 18459 PINES BLVD, 195
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D () Delete
Name: CABUS, ADEMAR
Address: 18459 PINES BLVD, 195
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: D () Delete
Name: CABUS, VALDIR A DIR
Address: 18459 PINES BLVD, 195
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ALBEIRA CABUS

D

01/06/2009

Electronic Signature of Signing Officer or Director

Date