

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000067023**

1. Entity Name  
**CMB COMMUNICATIONS CORPORATION**



Principal Place of Business

**8275 S.W. 48TH ST.  
MIAMI, FL 33155**

Mailing Address

**8275 S.W. 48TH ST.  
MIAMI, FL 33155**



04262008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0438821</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MARTINEZ, CARLOS  
8275 S.W. 48TH ST.  
MIAMI, FL 33155**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000934155

05/23/08 80021-013 150.00

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD MARTINEZ, CARLOS 8275 S.W. 48TH ST. MIAMI, FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MARTINEZ, OLGA 8275 SW 48TH ST MIAMI, FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Carlos Martinez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**- CARLOS MARTINEZ -**

Date

Daytime Phone #

**4-7-08**

**(305) 554-1525**