## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000042657

**Current Principal Place of Business:** 

Entity Name: CBA FINANCIAL SERVICES, INC.

FILED Mar 10, 2005 Secretary of State

20764 WEST DIXIE HIGHWAY AVENTURA, FL 331801146 US

Current Mailing Address: New Mailing Address:

20764 WEST DIXIE HIGHWAY AVENTURA, FL 331801146 US

FEI Number: 65-0501442 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:

AIN, CLIFFORD B 20764 WEST DIXIE HIGHWAY AVENTURA, FL 331801146 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**New Principal Place of Business:** 

Title: VPS ( ) Delete Title: ( ) Change ( ) Addition

Name: AIN, NATALIE Name:

 Address:
 2650 NE 189 STREET
 Address:

 City-St-Zip:
 NORTH MIAMI BEACH, FL 33180 US
 City-St-Zip:

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 AIN, CLIFFORD B
 Name:

 Address:
 20764 WEST DIXIE HIGHWAY
 Address:

 City-St-Zip:
 AVENTURA, FL 331801146 US
 City-St-Zip:

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 AIN, THEODORE
 Name:

 Address:
 6881 SUN RIVER ROAD
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33437 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CLIFFORD B. AIN PD 03/10/2005