

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90004 003 ***150.00

DOCUMENT # P96000027641

1. Entity Name

CHRISTIAN BROTHERS SERVICES II, INC.



Principal Place of Business

511 N.W. 49TH ST.
MIAMI FL 33056

Mailing Address

511 N.W. 49TH ST.
MIAMI FL 33056



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0654912

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONALD, ARCHIE
511 N.W. 49TH ST.
MIAMI FL 33056

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DONALD, ARCHIE
STREET ADDRESS 511 N.W. 49TH ST
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME DONALD, MAURICE
STREET ADDRESS 511 NW 49TH ST
CITY-ST-ZIP MIAMI FL 33127

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Archie Donald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/06

Date

Daytime Phone #

ATTACHMENT 40101647

#P96000027641

To Whom It May
Concern

This Report is late due
to Not receiving a
request Copy of Filing
Corporation Report after
the Deadline in May.

This Report was misplaced
in mail and my Company
wasnt about to pull it
up on the Computer
because will didnt have
access to one. Please waive
the late fee. We are
sending Fee of 150.00
for this year.

Thank you

Andrie Dant
President of
Christian Brother
Services