

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000039703

Entity Name: C B T CORP.

FILED
Mar 08, 2008
Secretary of State

Current Principal Place of Business:

19999 E COUNTRY CLUB DR
#1-508
AVENTURA, FL 33180 US

Current Mailing Address:

19999 E COUNTRY CLUB DR
#1-508
AVENTURA, FL 33180 US

New Principal Place of Business:

2775 NE 187TH ST.
306
AVENTURA, FL 33180 US

New Mailing Address:

2775 NE 187TH ST.
306
AVENTURA, FL 33180 US

FEI Number: 65-0665325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALBERU, LEONEL
19999 E COUNTRY CLUB DR
#1-508
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ALBERU, LEONEL
2775 NE 187TH ST
306
AVENTURA, FL 33180 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: LEONEL ALBERU

03/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALBERU, LEONEL
Address: 19999 E COUNTRY CLUB DR #1-508
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ALBERU, LEONEL
Address: 2775 NE 187TH ST - SUITE 306
City-St-Zip: AVENTURA, FL 33180 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: LEONEL ALBERU

D

03/08/2008

Electronic Signature of Signing Officer or Director

Date