


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90028 023 \*\*\*150.00

<b>DOCUMENT # P97000063494</b> 1. Entity Name C.B.C. DISTRIBUTION INC.			
Principal Place of Business 379 FRANKLIN ST HOLLYWOOD, FL 33019 US		Mailing Address 379 FRANKLIN ST HOLLYWOOD, FL 33019 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. 1023 Polk ST		3. Mailing Address Suite, Apt. #, etc. 1023 Polk ST	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33019		Country USA	
4. FEI Number 65-0771700		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHASSEN, CRAIG 379 FRANKLIN ST HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name CHASSEN, CRAIG Street Address (P.O. Box Number is Not Acceptable) 1023 Polk ST City Hollywood FL Zip Code 33019	
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: <u>Craig B Chassen</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>1/5/08</u>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHASSEN, CRAIG B 379 FRANKLIN ST HOLLYWOOD, FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/OWNER Chassen, Craig B 1023 Polk ST Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHASSEN, ANN L 19950 NE 24TH AVE N MIAMI BCH, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or other like empowered.			
SIGNATURE: <u>Craig B Chassen</u> President DATE: <u>1/5/08</u>			

954-924-4105