

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000081950

1. Entity Name
CONSOLIDATED BRAND SERVICES, INC.



Principal Place of Business
**10236 NW 50TH STREET
SUNRISE, FL 33351**

Mailing Address
**10236 NW 50TH STREET
SUNRISE, FL 33351**

DO NOT WRITE IN THIS SPACE



01042006

No Chg-P

CR2E034 (11/05)

4. FEI Number
01-0603768

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$6.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KLEIN, RONALD
4340 SHERIDAN ST
SUITE 102
HOLLYWOOD, FL 33021**

**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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**PO
FLORES, ORLANDO
10118 SW 53RD CT.
COOPER CITY, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VS
FLORES, CHRISTINE
10118 SW 53RD CT
COOPER CITY, FL 33328**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00002501465
04/25/06-80064-008 150.00

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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 empowerment.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christina Flores Christina Flores

Date

4/5/06

Daytime Phone #

954-741-8814