



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 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							
							
		01052007 No Chg-P CR2E034 (11/05)					
		<table border="1" style="width: 100%;"><tr><td style="width: 80%;">4. FEI Number 01-0603768</td><td style="width: 20%;">Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>		4. FEI Number 01-0603768	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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					
<p>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.</p> <p>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></p>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS							
TITLE	PD	<div style="text-align: right; margin-bottom: 20px;">U000000698982 04/19/07-80024-010 150.00</div> DO NOT WRITE IN THIS SPACE					
NAME	FLORES, ORLANDO						
STREET ADDRESS	10118 SW 53RD CT.						
CITY-ST-ZIP	COOPER CITY, FL 33328						
TITLE	VS						
NAME	FLORES, CHRISTINE						
STREET ADDRESS	10118 SW 53RD CT						
CITY-ST-ZIP	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							
<p>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 empowered.</p> <p>SIGNATURE: _____ <i>Orlando Flores</i> 4/5/07 (954) 741-8844 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small></p>							