2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000081950

1. Entity Name
CONSOLIDATED BRAND SERVICES, INC.

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

01292008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0603768	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000881840
04/16/08-80016-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
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	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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 empowered.

SIGNATURE: _____ Orlando Flores ___ 4/1/08 ___ (954) 741-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #