

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098316

FILED  
Jul 09, 2008  
Secretary of State

Entity Name: CENTRAL BUSINESS SOLUTIONS INC.

**Current Principal Place of Business:**

500 SEMORAN BLVD. SUITE 2064  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 180326  
CASSELBERRY, FL 327180326

**New Mailing Address:**

FEI Number: 59-3607325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HILLEBRANDT, JOSEPH M  
500 SEMORAN BLVD. SUITE 2064  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: HILLEBRANDT, JOSEPH M  
Address: 500 STATE ROAD 436 SUITE 2064  
City-St-Zip: CASSELBERRY, FL 32707

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOSEPH M HILLEBRANDT

PRES

07/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date