## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V44823

Name:

Address: City-St-Zip: BARTOLETTI, MADELINE

BOCA RATON, FL 33486

1024 N.W. 13 STREET

FILED Apr 28, 2009 Secretary of State

Entity Nar	ne: CBLB, INC	0.						
Current Principal Place of Business:				New Prince	New Principal Place of Business:			
3489 GRIF FORT LAU	FIN RD IDERDALE, FL	. 33312						
Current Mailing Address:				New Mail	New Mailing Address:			
2206 NE 1 FORT LAU	7 AVENUE IDERDALE, FL	. 33305	US					
FEI Number:	65-0355846	FEI Numb	er Applied For()	FEI Number Not App	olicable ( ) C	ertificate of Status Desired()		
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
2206 N.E. 10TH FL	TTI, LOUIS 17TH AVE. ERDALE, FL 3	3305 US		2206 N.E.	TTI, LOUIS 17TH AVE. ERDALE, FL 333	05 US		
The above in the State		submits this	statement for the p	ourpose of changing	its registered offic	e or registered agent, or bo	th,	
SIGNATURE:					04/28/2009			
Election Car		_	e of Registered Age Contribution ( ).	ent		Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () BARTOLETTI, L 2206 NE 17TH / FT LAUDERDAL	AVE		Title: Name: Address: City-St-Zip:	( ) Cr	nange ( ) Addition		
Title: Name: Address: City-St-Zip:	VP () BARTOLETTI, D 1690 NW 93 TE PLANTATION, F	RRACE		Title: Name: Address: City-St-Zip:	( ) Ch	nange ( ) Addition		
Title:	S ()	Delete		Title:	( ) Ch	nange()Addition		

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DEBRA BARTOLETTI-BALMA VΡ 04/28/2009