


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90113 021 ***167.50

DOCUMENT # G62731					
1. Entity Name CEBAU CORPORATION					
Principal Place of Business 444 BRICKELL AVENUE SUITE 51-246 MIAMI FL 33131 US			Mailing Address 444 BRICKELL AVENUE SUITE 51-246 MIAMI FL 33131 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2646587	
				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent IBC FIDUCIARY, INC. 100 S E SECOND ST 2315-A MIAMI FL 33131			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANSY, J.P.		NAME		
STREET ADDRESS	444 BRICKELL AVE. # 51-246		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAN, M		NAME		
STREET ADDRESS	444 BRICKELL AVE. #51-246		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE	VPAS	<input checked="" type="checkbox"/> Delete	TITLE	P -AS-T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLAVEDOVA, A		NAME	Dellavedova A	
STREET ADDRESS	444 BRICKELL AVE. # 51-246		STREET ADDRESS	444 Brickell Ave # 51-246	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	Miami, Fl 33131	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/04)

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

a. Dellavedova

4-28-2005

Date

305-377-0305

Date & Phone #