## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90215 035 \*\*\*158.75

1. Entity Name CEBAU CORPORATION										
Principal Place of Business 444 BRICKELL AVENUE SUITE 51-246 MIAMI, FL 33131 US		4	Mailing Address 444 BRICKELL AVENUE SUITE 51-246 MIAMI, FL 33131 US			 	<b>1</b>		1114 ALBA BATA BUU	
2. Principal Place of Business - No P.O. Box #		3.	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03032007	Chg-P	CR2E	034 (12/06)	
City & State			City & State		4. FEI Number Applied For 59-2646587 Not Applicable					
Zip	Country		Zip Coun		try	5. Certificate of Status Desired		×	\$8.75 Additional Fee Required	
6. Name and Address of Current			tered Agent			7. Name and	d Address of New F	Registered	Agent	
IBC FIDUCIARY, INC. 100 SOUTHEAST SECOND STREET SUITE 2222-A MIAMI, FL 33131					Name Street Address (P.O. Box Number is Not Acceptable)					
	\$ *				City			FI	Zip Code	9
	named entity, sybmits this statem ions of registered agent.						oth, in the State of Fl	orida. I am	familiar with,	and accept
	Signature, typed or printed name of registered	agent and title	rrapplicable. (NOT	E: Hegistere	d Agent signature require	or when reinstating)				
	E NOW!!! FEE IS \$150.0 ay 1, 2007 Fee will be \$5		9. Election Campa Trust Fund Con			5,00 May Be ded to Fees				
10.				11.		ADDITIONS	/CHANGES TO OFF	ICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP									☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP									☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i		-		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Delete	CITY	IE EET ADDRESS '-ST-ZIP				☐ Change	☐ Addition
12. I hereby indicated of the conchanged	certify that the information supplied on this report or supplemental represention or the receiver or trusteel, or on an attachment with an add	d with this port is true empower ress, with a	filing does not qualify for and accurate and that a to execute this report it other like empowered	or the exi my signa t as requi	emptions containe ture shall have the ired by Chapter 60	ed in Chapter 11 e same legal effe 7, Florida Statut	<ol> <li>Florida Statutes.</li> <li>as if made under es; and that my name</li> </ol>	I further ce oath; that l e appears	rtify that the in am an officer in Block 10 or	nformation or director Block 11 if