


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # L01000017117			
1. Entity Name CUBICORP, LLC			
Principal Place of Business 110 E BROWARD BLVD STE 1700 FT LAUDERDALE FL 33301		Mailing Address 110 E BROWARD BLVD STE 1700 FT LAUDERDALE FL 33301	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/06)

4. FEI Number 65-1146403				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VOYATZOGLOU, THEODOSIOS 110 E BROWARD BLVD STE 1700 FT LAUDERDALE FL 33301			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VOYATZOGLOU, THEODOSIOS			NAME			
STREET ADDRESS	110 E BROWARD BLVD STE 1700			STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33301			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VOYATZOGLOU, MARGUOT			NAME			
STREET ADDRESS	110 E BROWARD BLVD STE 1700			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BALOK, JOHN			NAME			
STREET ADDRESS	110 E BROWARD BLVD STE 1700			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TOMADAKIS, ADONIS			NAME			
STREET ADDRESS	110 E BROWARD BLVD STE 1700			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-ST-ZIP			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RIGOPOULOS, CHRISTOS P			NAME			
STREET ADDRESS	110 E BROWARD BLVD STE 1700			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			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			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: THEODOSIOS VOYATZOGLOU 2/28/2007 954 525 2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #