

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 217108**

1. Entity Name  
**SIEBROS, INC.**



Principal Place of Business  
**11121 TAFT STREET  
PEMBROKE PINES, FL 33026**

Mailing Address  
**11121 TAFT STREET  
PEMBROKE PINES, FL 33026**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1107360**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SIEGEL, MARK A  
17104 SW 79TH COURT  
PALMETTO BAY, FL 33157-4719**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and state of approval.

(NOTE: Registered Agent signature required when resigning.)

**000000458851**

**03/09/06-80078-011 150.00**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	ROBIN BEAMAN
STREET ADDRESS	11121 TAFT STREET
CITY- ST- ZIP	PEMBROKE PINES, FL
TITLE	D
NAME	SUSAN SHAFF
STREET ADDRESS	17441 SPRINTREE LANE
CITY- ST- ZIP	BOCA RATON, FL
TITLE	D
NAME	ADRIAN SIEGEL
STREET ADDRESS	2780 SW 84 AVENUE
CITY- ST- ZIP	MIAMI, FL
TITLE	D
NAME	SIEGEL, MARK A
STREET ADDRESS	17104 SW 79TH COURT
CITY- ST- ZIP	PALMETTO BAY, FL 331574619
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/06 957433 9842**