


**607 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 26, 2007 08:00 AM
Secretary of State**

DOCUMENT # 217108	
1. Entry Name SIEBROS, INC.	

Principal Place of Business 11121 TAFT STREET PEMBROKE PINES, FL 33026	Mailing Address 11121 TAFT STREET PEMBROKE PINES, FL 33026
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DO NOT WRITE IN THIS SPACE

01292007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1107360	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

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IN THIS SPACE**

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05/09/07-80040-010 150.00

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: X  Robin BEAMAN X X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #