

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002604

Entity Name: CYBERSTAINLESS CORP.

FILED
Jul 01, 2004
Secretary of State

Current Principal Place of Business:

457 ST PAUL BLVD.
CAROL STREAM, IL 60188

New Principal Place of Business:

Current Mailing Address:

457 ST PAUL BLVD.
CAROL STREAM, IL 60188

New Mailing Address:

FEI Number: 36-4406544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS SR., DOUGLAS J
14558 ANCHORAGE CIRCLE
SEMINOLE, FL 337761113 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PATEL, CHOTTALAL
Address: 457 ST PAUL BLVD.
City-St-Zip: CAROL STREAM, IL

Title: ST () Delete
Name: PATEL, SATISH C
Address: 457 ST PAUL BLVD.
City-St-Zip: CAROL STREAM, IL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SATISH C. PATEL

ST

07/01/2004

Electronic Signature of Signing Officer or Director

Date