


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90194 035 ***158.75

DOCUMENT # F05000003915	
1. Entity Name CYBEREX, INC.	

Principal Place of Business 2710 THOMES AVE CHEYENNE, WY 82001	Mailing Address 150 SE 2ND AVENUE #1004 MIAMI, FL 33131
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

60033990

04252008 Chg-P CR2E034 (12/06)

4. FEI Number 65-0347289	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent IBC FIDUCIARY INC. 100 S.E. 2ND STREET, SUITE 2222 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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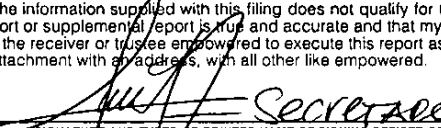
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BALLABH, C <input type="checkbox"/> Delete 150 SE 2ND AVENUE, SUITE #1004 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P T BALLABH, C <input type="checkbox"/> Change <input type="checkbox"/> Addition 150 SE 2nd Ave # 1004 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FRANCO, G <input type="checkbox"/> Delete 150 SE 2ND AVENUE, SUITE #1004 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP S AT FRANCO, G <input type="checkbox"/> Change <input type="checkbox"/> Addition 150 SE 2nd Ave # 1004 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROMAN, M <input checked="" type="checkbox"/> Delete 150 SE 2ND AVENUE, SUITE #1004 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AS BORIE, B <input type="checkbox"/> Change <input type="checkbox"/> Addition 150 SE 2nd Ave # 1004 Miami, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Secretary**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-25-08** (305) 371 0305
Daytime Phone #