

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004458

FILED  
Jan 05, 2009  
Secretary of State

Entity Name: MIKE DE BRIE GROUP (1896) LIMITED (COMPANY)

## Current Principal Place of Business:

4891 NW 103RD AVE., SUITE 14  
SUNRISE, FL 33351

## New Principal Place of Business:

## Current Mailing Address:

4891 NW 103RD AVE., SUITE 14  
SUNRISE, FL 33351

## New Mailing Address:

FEI Number: 26-3490664

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIARATO, UGO V CPA  
1680 MICHIGAN AVE  
STE #1022  
MIAMI BEACH, FL 33139 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: CIERI-CAMBON, PAUL D  
Address: 4891 NW 103RD AVE., SUITE 14  
City-St-Zip: SUNRISE, FL 33351

Title: VCV ( ) Delete  
Name: CIERI-CAMBON, SONJA C  
Address: 4891 NW 103RD AVE., SUITE 14  
City-St-Zip: SUNRISE, FL 33351

Title: DS ( ) Delete  
Name: CAMBON, CARMEN  
Address: 4891 NW 103RD AVE., SUITE 14  
City-St-Zip: SUNRISE, FL 33351

Title: DT ( ) Delete  
Name: ROBERTS, SUSAN  
Address: THE GRAINSTORE, STOKES RD., BLISWORTH  
City-St-Zip: NORTHAMPTONSHIRE NN7 3DB-UK,

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: DI CIERI-CAMBON, PAUL  
Address: 4891 NW 103RD AVE., SUITE 14  
City-St-Zip: SUNRISE, FL 33351

Title: VCV (X) Change ( ) Addition  
Name: DI CIERI-CAMBON, SONJA C  
Address: 4891 NW 103RD AVE., SUITE 14  
City-St-Zip: SUNRISE, FL 33351

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 exemption stated 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 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: PAUL DI CIERI-CAMBON

CP

01/05/2009

Electronic Signature of Signing Officer or Director

Date