

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2004 08:00 AM
Secretary of State**

DOCUMENT # F17670 1. Entity Name REBOLD TRADING COMPANY	
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Principal Place of Business 9100 SOUTH DADELAND BLVD SUITE 910 MIAMI, FL 33156	Mailing Address 9100 SOUTH DADELAND BLVD SUITE 910, C/O H.B. EMORY MIAMI, FL 33156 US
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01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2062032	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**EMORY, HOWARD B. ESQUIRE
9100 SOUTH DADELAND BLVD
SUITE 910
MIAMI, FL 33156**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

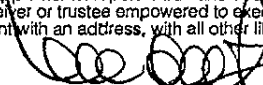
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIBERGA, OVIDIO CARLOS 237 SUNRISE CAY #203 NAPLES, FL 34114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIBERGA, REBECCA J 237 SUNRISE CAY #203 NAPLES, FL 34114
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Ovidio C. GIBERGA** **2.3.04** **(305) 778-9515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #