

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # F17670

1. Entity Name
REBOLD TRADING COMPANY



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



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2062032	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

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

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

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GIBERGA, OVIDIO CARLOS
STREET ADDRESS	237 SUNRISE CAY #203
CITY-ST-ZIP	NAPLES, FL 34114

TITLE	SD
NAME	GIBERGA, REBECCA J
STREET ADDRESS	237 SUNRISE CAY #203
CITY-ST-ZIP	NAPLES, FL 34114

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/04/08-80049-005 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ovidio C. Giberga
OVIDIO C. GIBERGA

2-18-08

Date

Daytime Phone #