


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90009 033 ***150.00

DOCUMENT # J38687 1. Entity Name CIBRAN & CIBRAN, INC.					
Principal Place of Business C/O NATIVIDAD CIBRAN 850 APALACHEE DR NE ST PETERSBURG, FL 33702 US			Mailing Address 850 APALACHEE DRIVE NE SAINT PETERSBURG, FL 33702		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 20751			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State St. Pete FL		4. FEI Number 59-2737773	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33742		Country US		03252008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent CIBRAN, NATIVIDAD MRS 850 APALACHEE DR. NE SAINT PETERSBURG, FL 33702				7. Name and Address of New Registered Agent Name Mariano Cibran Street Address (P.O. Box Number is Not Acceptable) 4201 Bayshore Blvd # 904 City Tampa FL Zip Code 33611	
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 <u><i>Mariano Cibran</i></u> Mariano Cibran 3/24/08 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CIBRAN, NATIVIDAD 850 APALACHEE DRIVE NE ST PETERSBURG, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSP Mariano Cibran 4201 Bayshore Blvd #904 Tampa FL 33611	<input type="checkbox"/> Change <input checked="" 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
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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: <u><i>Mariano Cibran</i></u> Mariano Cibran 3/24/08 813-810-7394 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					