2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 02, 2007 08:00 AM Secretary of State

DOC	M E	1EN'	T #	K17	7093
DUU	/UIV	11-13	1 77		

1. Entity Name URBIS CORPORATION



Principal Place of Business

Mailing Address

10401 NW 28TH ST. #B-101 MIAMI, FL 33172

10401 NW 28TH ST.

#B-101

MIAMI, FL 33172



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01042007 No Chg-P CR2E034 (11/05)

4.	4. FEI Number							Applied For	
	NOT A	PPLI	CA	\BL	.E				Not Applicable
_							\$8.7	15	Additional

5. Certificate of Status Desired

Fee Required

URBISTONDO, JESUS 10401 NW 28TH ST

DO NOT WRITE

#B-101 MIAMI, FL	33172		IN THIS SPACE			
	named entity submits this statement for the pons of registered agent.	urpose of changing its registere	od office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
JIGINATONE	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE L #TUTICHET I TUTICHET	
FILI After Ma	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	02/08/07-80027-012 150.00	
10.	OFFICERS AND DIREC	TORS				
HTLE NAME STREET ADDRESS CITY-ST-ZIP	PD URBISTONDO, JESUS 4010 N.W. 11 STREET MIAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S URBISTONDO, ASTRID 4010 N.W. 11 STREET MIAMI, FL					
TITLE NAME STREET ADDRESS CITY+ST+ZIP				DO	NOT WRITE	
TITLE Name Street address City-St-Zip				IN '	THIS SPACE	
TITLE Name Street address City-St-Zip					·	
TITLE NAME STREET ADDRESS						

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: _

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davtime Phone #