


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90068 006 ***150.00

DOCUMENT # K40659 1. Entity Name FIBERAND, INC.					
Principal Place of Business 7150 SW 62ND AVE. SUITE 103 MIAMI, FL 33143			Mailing Address 7150 SW 62ND AVE. SUITE 103 MIAMI, FL 33143		
2. Principal Place of Business - No P.O. Box # 7344 SW 48th STREET		3. Mailing Address 7344 SW 48th STREET			
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203			
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA		4. FEI Number 62-1406727	
Zip 33155		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ELIAS, GEORGE J 777 BRICKELL AVENUE SUITE 111 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name GEORGE ELIAS JR Street Address (P.O. Box Number is Not Acceptable) 777 BRICKELL AVE SUITE 1111 City MIAMI FL 33131		
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 _____					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS CHACON, JEAN-PIERRE 7150 S.W. 62ND AVE. SOUTH MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS CHACON, JEAN-PIERRE 7344 SW 48 th ST #203 MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC ELIAS, ALBERT S 7150 SW 62ND AVE S MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC ELIAS, ALBERT S. 7344 SW 48 th ST #203 MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, MARC 7150 S.W. 62ND AVE. SOUTH MIAMI, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELIAS, MARC 7344 SW 48 th ST #203 MIAMI, FL 33155	<input checked="" 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>Jean-Pierre Chacon</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
JEAN-PIERRE CHACON			5/1/07 305-661-4506		
DATE			DAYTIME PHONE #		