

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 26 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05252004 Chg-P CR2E034 (10/03) *MRD*

DOCUMENT # P00000072005

1. Entity Name  
**CLIMBER CORPORATION**



Principal Place of Business  
**540 BRICKELL KEY DRIVE  
APT #1213  
MIAMI, FL 33131 US**

Mailing Address  
**540 BRICKELL KEY DRIVE  
APT #1213  
MIAMI, FL 33131 US**

2. Principal Place of Business  
**169 East Flagler St Ste 1534  
City & State  
Miami, Florida  
Zip  
33131 Country  
USA**

3. Mailing Address  
**169 East Flagler St Ste 1534  
City & State  
Miami, Florida  
Zip  
33131 Country  
USA**

6. Name and Address of Current Registered Agent  
**DOMENICO, ALBANO  
540 BRICKELL KEY DR 1213  
MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
Name **Juan Alborno**  
Street Address (P.O. Box Number is Not Acceptable)  
**169 East Flagler St Ste 1534**  
City **Miami** FL Zip Code **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 *Juan Alborno* DATE **05-21-2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	<b>D DIRA, C. A AVENIDA LOS AGRICULTORES, EDIFICIO ALBANO ACARIGUA, EDO PORT., VENEZUELA</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD Juan Alborno 169 East Flagler St Ste 1534 Miami, FL 33131</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ALBANO, DOMENICO 540 BRICKELL KEY DR. #1213 MIAMI, FL 33131</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500037724445 06/07/04--01051--006 **\$150.00</b> <input type="checkbox"/> Change <input 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
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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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

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: *Juan Alborno* DATE **05-21-2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR