

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000099915

Entity Name: CYBERBOX CORPORATION

FILED
Apr 04, 2008
Secretary of State

Current Principal Place of Business:

318 INDIAN TRACE
#445
WESTON, FL 33326

New Principal Place of Business:

8933 NW 53RD ST.
SUNRISE, FL 33351

Current Mailing Address:

318 INDIAN TRACE
#445
WESTON, FL 33326

New Mailing Address:

8933 NW 53RD ST.
SUNRISE, FL 33351

FEI Number: 65-1145238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOLF, GUILLERMO R
318 INDIAN TRACE
#445
WESTON, FL 33326 US

Name and Address of New Registered Agent:

WOLF, GUILLERMO R
8933 NW 53RD ST.
SUNRISE, FL 33351 US

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.

SIGNATURE: GUILLERMO WOLF

04/04/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: WOLF, GUILLERMO R CEO
Address: 318 INDIAN TRACE # 445
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: WOLF, GUILLERMO R CEO
Address: 8933 NW 53RD ST
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO WOLF

PVST

04/04/2008

Electronic Signature of Signing Officer or Director

Date