

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90179 044 ***150.00

DOCUMENT # P01000113376

1. Entity Name
SYMBELLA GROUP, INC.



Principal Place of Business
**1816 MONTE CARLO WAY
CORAL SPRINGS, FL 33071**

Mailing Address
**1816 MONTE CARLO WAY
CORAL SPRINGS, FL 33071**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0003120

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, PHYLLIS DR
1816 MONTE CARLO WAY
CORAL SPRINGS, FL 33071**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund-Contribution ☐ **\$5.00 May Be
Added to Fees.**

10. OFFICERS AND DIRECTORS

TITLE	
NAME	COHEN, PHYLLIS
STREET ADDRESS	1816 MONTE CARLO WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	Setchok, Paula VP
STREET ADDRESS	1816 Monte Carlo Way
CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #