


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000119279 1. Entity Name CIBRAN, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 MAY 10 PM 1:26	
Principal Place of Business 199 OCEAN LANE DRIVE #705 KEY BISCAYNE, FL 33149				Mailing Address 199 OCEAN LANE DRIVE #705 KEY BISCAYNE, FL 33149			
2. Principal Place of Business 403 DUNWOODY LANE Suite, Apt. #, etc.				3. Mailing Address 403 DUNWOODY LANE Suite, Apt. #, etc.			
City & State HOLLYWOOD, FL Zip 33021				City & State HOLLYWOOD, FL Zip 33021			
Country USA				Country USA			
4. FEI Number 05-0589492				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CISNEROS, DIEGO J 199 OCEAN LANE DRIVE #705 KEY BISCAYNE, FL 33149				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 403 DUNWOODY LANE City HOLLYWOOD			
State FL				Zip Code 33021			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 05-07-04			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CISNEROS, DIEGO J 199 OCEAN LANE DRIVE #705 KEY BISCAYNE, FL 33149			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 403 DUNWOODY LANE HOLLYWOOD, FL 33021		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BRANGER DE CISNEROS, MARIA L 199 OCEAN LANE DRIVE #705 KEY BISCAYNE, FL 33149			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 403 DUNWOODY LANE HOLLYWOOD, FL 33021		
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 600037045296 05/24/04--01079--007 **900.00		
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		
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 I am empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 05-07-04			