
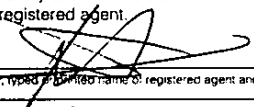
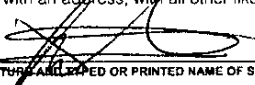


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90082 021 \*\*\*150.00

DOCUMENT # P04000019054			
1. Entity Name CASA DE SIBEL CORPORATION			
Principal Place of Business 11401 NW 12TH ST NO 240 MIAMI, FL 33172		Mailing Address 11401 NW 12TH ST NO 240 MIAMI, FL 33172	
2. Principal Place of Business - No. P.O. Box # 11401 NW 12 ST NO 242		3. Mailing Address 11401 NW 12 ST NO 242	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL 33172		City & State Miami, FL 33172	
Zip		Zip	
Country		Country	
4. FEI Number 20-0646798		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EROL, KEVIN K 11401 NW 12TH ST NO 240 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Erol, Kevin K Street Address (P.O. Box Number is Not Acceptable) 11401 NW 12 St. No. 242 City miami FL Zip Code 33172	
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 		DATE 1.18.07	
Signature typed in Block 10 or name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	PD EROL, KEVIN K 11401 N.W. 12 ST. NO 240 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EROL, KEVIN K 11401 N.W. 12ST. NO 242 MIAMI, FL. 33172 <input checked="" 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 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: 		DATE 1.18.07 3053929704	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	