

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90091 008 ***150.00

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03102005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000050647 1. Entity Name CYBERTEC COMMUNICATIONS, CORP.					
Principal Place of Business 20818 NE SAN SIMEON WAY NORTH MIAMI BEACH, FL 33179			Mailing Address 20818 NE SAN SIMEON WAY NORTH MIAMI BEACH, FL 33179		
2. Principal Place of Business 169 E FLAGLER ST. Suite, Apt. #, etc. STE. 1534		3. Mailing Address 169 E FLAGLER ST. Suite, Apt. #, etc. STE. 1534			
City & State MIAMI, FL		City & State MIAMI FL.		4. FEI Number 20-1255036	
Zip 33131		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEVINCENTI, CLAUDIO A 20818 NE SAN SIMEON WAY NORTH MIAMI BEACH, FL 33179			7. Name and Address of New Registered Agent Name: DEVINCENTI CLAUDIO A Street Address (P.O. Box Number is Not Acceptable) 169 E 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: <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE: 3/10/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	P DEVINCENTI, CLAUDIO A 20818 NE SAN SIMEON WAY NORTH MIAMI BEACH, FL 33179		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GASTALDI, ANDREA C 20818 NE SAN SIMEON WAY NORTH MIAMI BEACH, FL 33179		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 3/10/05 <small>Daytime Phone #</small>		