

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000162024

Entity Name: P.Y.B. CORP.

FILED
Apr 27, 2009
Secretary of State

Current Principal Place of Business:

9500 SW CONNERS HWY
BOX #8
OKEECHOBEE, FL 34974 US

New Principal Place of Business:

Current Mailing Address:

8601 SW FOX BROWN RD
INDIANTOWN, FL 34956 US

New Mailing Address:

FEI Number: 20-1950181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERICCHI, ALEJANDRO J
8601 SW FOX BROWN RD
INDIANTOWN, FL 34974 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PERICCHI, ALEJANDRO J
Address: 8601 SW FOX BROWN RD
City-St-Zip: INDIANTOWN, FL 34956 US

Title: T () Delete
Name: BEAUDRY-PERICCHI, MICHELLE
Address: 8601 SW FOX BROWN RD
City-St-Zip: INDIANTOWN, FL 34956 US

Title: VP () Delete
Name: PERICCHI, JUAN B
Address: 5598 FOUNTAINS DRIVE SOUTH
City-St-Zip: LAKE WORTH, FL 33467 US

Title: S () Delete
Name: PERICCHI, GILDA
Address: 5598 FOUNTAINS DRIVE SOUTH
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALEJANDRO PERICCHI

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date