


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90037 030 ***150.00

DOCUMENT # P05000113739	
1. Entity Name SIBI, INC.	

Principal Place of Business 3696 N FEDERAL HWY SUITE 203 FT LAUDERDALE, FL 33308	Mailing Address 3696 N FEDERAL HWY SUITE 203 FT LAUDERDALE, FL 33308
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2. Principal Place of Business - No P.O. Box # 1400 E. Oakland Park Blvd. Suite, Apt. #, etc. Suite 103	3. Mailing Address 1400 E. Oakland Park Blvd. Suite, Apt. #, etc. Suite 103
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City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33334	Country U.S.A.



04092008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3814119	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required.
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6. Name and Address of Current Registered Agent PIOTRKOSWKI, JOEL S 317 71ST STREET MIAMI BEACH, FL 33141	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKOFSKY, STANLEY 3696 N FEDERAL HWY SUITE 203 FT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKOFSKY, STANLEY 1400 EAST OAKLAND PARK BLVD., #103 FORT LAUDERDALE, FL 33334 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Additor
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"/> Additor
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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"/> Additor

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

Stanley Markofsky, President

4/15/08 954-567-5161
Date Daytime Phone #