

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164505

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: CIB CONSULTING & SERVICES, INC.

**Current Principal Place of Business:**

7722 SW CAMINO REAL #E-316  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7722 SW CAMINO REAL #E-316  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 20-3979295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARIN, CAROL  
7790 SW 90 ST  
APTO M-4  
MIAMI, FL 33156 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: PD ( ) Delete  
Name: MARIN, CAROL  
Address: 7722 CAMINO REAL #E-316  
City-St-Zip: MIAMI, FL 33143

Title: D (X) Delete  
Name: BERNUY, INGRID  
Address: 7722 CAMINO REAL #E-316  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MARIN CAROL

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03/05/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date