

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000001413

Entity Name: ALBERTO CYBEL P A

FILED  
Jan 22, 2008  
Secretary of State

**Current Principal Place of Business:**

8301 SW 152 ST  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

8301 SW 152 ST  
MIAMI, FL 33157

**New Mailing Address:**

FEI Number: 20-8252466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CYBEL, ALBERTO  
8301 SW 152 ST.  
MIAMI, FL 33157 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: CYBEL, ALBERTO  
Address: 8301 SW 152 ST  
City-St-Zip: MIAMI, FL 33157

Title: SD ( ) Delete  
Name: GROSSI DE, MARIA J  
Address: 8301 SW 152 ST  
City-St-Zip: MIAMI, FL 33157

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

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

Title: SD (X) Change ( ) Addition  
Name: GROSSI DE CYBEL, MARIA J  
Address: 8301 SW 152 ST  
City-St-Zip: MIAMI, FL 33157

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: ALBERTO J. CYBEL

PD

01/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date