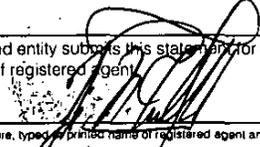
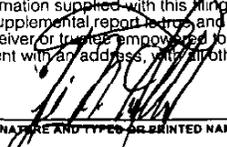


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90010 013 \*\*\*150.00

DOCUMENT # P07000027403			
1. Entity Name CYBER TRADE, CORP.			
Principal Place of Business 9501 FONTAINEBLEAU BLVD - # 214 MIAMI, FL 33172		Mailing Address 9501 FONTAINEBLEAU BLVD - # 214 MIAMI, FL 33172	
2. Principal Place of Business - No P.O. Box # 9621 Fontainebleau Blvd. #502		3. Mailing Address 9621 Fontainebleau Blvd. #502	
Suite, Apt. #, etc. #502		Suite, Apt. #, etc. #502	
City & State Miami, FL		City & State Miami, FL	
Zip 33172		Zip 33172	
Country		Country	
4. FEI Number 20-8627583		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIALLO, JOSE A 9501 FONTAINEBLEAU BLVD - # 214 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name: Fiallo, Jose A. Street Address (P.O. Box Number is Not Acceptable): 9621 Fontainebleau Blvd #502 City: Miami FL Zip Code: 33172	
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: 		DATE:	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIALLO, JOSE A 9501 FONTAINEBLEAU BLVD - # 214 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Fiallo, Jose A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9621 Fontainebleau Blvd #502 Miami, FL. 33172 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ARIAS, ANDREA M 9501 FONTAINEBLEAU BLVD - # 214 MIAMI, FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicepresident Arias, Andrea M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9621 Fontainebleau Blvd #502 Miami, FL. 33172 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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"/> Addition
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, title or other like empowered.			
SIGNATURE: 		Date: _____ Daytime Phone #: _____	
Signature and typed or printed name of signing officer or director		Date	