

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 <input type="checkbox"/> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 <input type="checkbox"/> Delete FIALLO, JOSE A 9501 FONTAINEBLEAU BLVD - # 214 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Fiallo, Jose A. 9621 Fontainebleau Blvd #502. Miami, FL. 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete ARIAS, ANDREA M 9501 FONTAINEBLEAU BLVD - # 214 MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Arias, Andrea M. 9621 Fontainebleau Blvd #502. Miami, FL. 33172.
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, with another like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date _____		Daytime Phone # _____	