


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90262 043 ***150.00

DOCUMENT # P92000014772					
1. Entity Name CEEBRAID-SIGNAL CORPORATION					
Principal Place of Business 250 AUSTRALIAN AVE. SOUTH STE. 1003 WEST PALM BEACH, FL 33401			Mailing Address 250 AUSTRALIAN AVE. SOUTH STE. 1003 WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box # <i>1801 S. Australian Ave</i>		3. Mailing Address <i>1801 S. Australian Ave</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>West Palm Beach FL</i>		City & State <i>West Palm Beach FL</i>		4. FEI Number 11-3138727	
Zip <i>33409</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHLESINGER, RICHARD 250 AUSTRALIAN AVE., SOUTH 10TH FLOOR, SUITE 1003 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): <i>1801 S. Australian Ave</i> City: <i>West Palm Beach</i> FL <i>33409</i>		
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 _____ (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 <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	D SCHLESINGER, RICHARD 801 S COUNTY RD PALM BEACH, FL 33480	<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	D WEINSTEIN, WILLIAM D 72 NASSAU DR GREAT NECK, NY 11021	<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	D SCHLESINGER, ADAM 250 AUSTRALIAN AVE S WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1801 South Australian Ave</i> <i>West Palm Beach FL 33409</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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	<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	<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 all rights thereto empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	