

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000036740

Entity Name: CIALBRIE, INC.

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4383 WAXWING COURT  
BOYNTON BEACH, FL 33436 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 244047  
BOYNTON BEACH, FL 334244047 US

**New Mailing Address:**

FEI Number: 65-0588843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRIESE, FREDERICK  
4383 WAXWING COURT  
BOYNTON BEACH, FL 33436 US

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

BRIESE, FREDERICK P  
4383 WAXWING COURT  
BOYNTON BEACH, FL 33436 US

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: FREDERICK P. BRIESE

03/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CIALONE, PHILIP  
Address: 1922 SW YORK LANE  
City-St-Zip: PALM CITY, FL 34990

Title: VSTD  
Name: BRIESE, FREDERICK P  
Address: 4383 WAXWING COURT  
City-St-Zip: BOYNTON BEACH, FL 33436

I hereby 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 all other like empowered.

SIGNATURE: FREDERICK P. BRIESE

VSTD

03/05/2012

Electronic Signature of Signing Officer or Director

Date