2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 27, 2007 08:00 AM **DOCUMENT # P96000052124 Secretary of State** 1. Entity Name MIBERO CORP., INC. Principal Place of Business Mailing Address 57 GREENS RD. 57 GREENS RD. HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 CR2E034 (11/05) 03222007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0678358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROSENFELD, MITCHELL B DO NOT WRITE 57 GREENS RD. HOLLYWOOD, FL. 33021 IN THIS SPACE 5. 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. Signature, broad or proted name of prostaged agent and trie if applicable (NOTE: Registered Agent agnishure required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS DP. TITLE ROSENFELD, MITCHELL B NAME STREET ADDRESS 57 GREENS RD. CITY-ST-ZP HOLLYWOOD, FL 33021 TITLE NAME 000000680610 04/04/07-80007-015 150.0p STREET ADDRESS CATY-ST-ZIP me NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 other like empowered.

SIGNATURE.

TITLE

STREET ADDRESS CITY-ST-ZIP

MUTULE OF PROVIDED MAKE OF SCHOOL OFFICENOR CHRECTOR

Harch 22, 2007 954-981-3345

FILED