


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P96000094784 1. Entity Name THE CIBELIS TRADERS, CORP. |  |
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|--|--|
| Principal Place of Business 20281 EAST COUNTRY CLUB DRIVE AVENTURA, FL 33180 | Mailing Address 20281 EAST COUNTRY CLUB DRIVE AVENTURA, FL 33180 |
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04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0709678 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

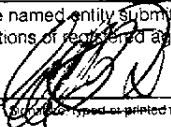
6. Name and Address of Current Registered Agent

CARMEN CIBELIS BAUTISTA ROA
701 NE 1ST CT
APT 311
HALLANDALE, FL 33009

**DO NOT WRITE
IN THIS SPACE**

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



CARMEN BAUTISTA

4/21/06

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000537258
05/09/06-80011-015 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CARMEN CIBELIS BAUTISTA ROA 625 SW 1 ST. HALLANDALE, FL 33009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SANDORAL, ANGELICA 625 SW 1 ST. HALLANDALE, FL 33009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SANDORAL, CLARITZA 625 SW 1 ST. HALLANDALE, FL 33009 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

CARMEN BAUTISTA

4/21/06

Date

Daytime Phone #