

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000007680

Entity Name: TIBUCA INTERNATIONAL, INC.

FILED  
Mar 22, 2007  
Secretary of State

## Current Principal Place of Business:

9891 NW 43 TERRACE  
MIAMI, FL 33178

## New Principal Place of Business:

## Current Mailing Address:

9891 NW 43 TERRACE  
MIAMI, FL 33178

## New Mailing Address:

FEI Number: 65-0779376

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANABRIA, ANDRES  
9891 NW 43 TERRACE  
MIAMI, FL 33178 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SANABRIA, ANDRES  
Address: 9891 N.W. 43RD TERRACE  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Delete  
Name: SANABRIA, MARIA  
Address: 9891 N.W. 43RD TERRACE  
City-St-Zip: MIAMI, FL 33178

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANDRES SANABRIA

D

03/22/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date