


FILED
Mar 28, 2005 08:00
Secretary of Stat

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

| | |
|---|---|
| DOCUMENT # P99000030595 1. Entity Name CRIBIS CORPORATION |  |
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|---|---|
| Principal Place of Business 2701 NORTH ROCKY POINT DR. STE. 110 TAMPA, FL 33607 | Mailing Address 2701 NORTH ROCKY POINT DR. STE. 110 TAMPA, FL 33607 |
|---|---|



02282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 59-3588305 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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|---|
| 6. Name and Address of Current Registered Agent CHRISTALDI, RONALD A 101 E. KENNEDY BLVD. STE. 3400 TAMPA, FL 33602 |
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**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 _____
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GHERARDI, CARLO VIA FANTIN 1-3 BOLOGNA, IT 40131 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FRABONI, FRABIZIO VIA FANTIN 1-3 BOLOGNA, IT 40131 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PRETI, MARCO VIA FANTIN 1-3 BOLOGNA, IT 40131 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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03/28/05-80059-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

GHERARDI CARLO

CRIBIS Corporation

03/23/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #