


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # S72616 1. Entity Name LABERT CORPORATION					
Principal Place of Business 1110 BRICKELL AVE. SUITE 820 MIAMI FL 33131 US			Mailing Address 1110 BRICKELL AVE. SUITE 820 MIAMI FL 33131 US		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0277693	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SBERT, PEDRO 1110 BRICKELL AVE, SUITE 820 MIAMI FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete	TITLE	SBERT, PEDRO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SBERT, PEDRO		NAME	SBERT, PEDRO	
STREET ADDRESS	2645 S BAYSHORE DRIVE #402		STREET ADDRESS	2645 S BAYSHORE DRIVE #402	
CITY - ST - ZIP	MIAMI FL 33133		CITY - ST - ZIP	MIAMI FL 33133	
TITLE	S	<input type="checkbox"/> Delete	TITLE	SBERT, JEAN L	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SBERT, JEAN L		NAME	SBERT, JEAN L	
STREET ADDRESS	45 STAR ISLAND		STREET ADDRESS	45 STAR ISLAND	
CITY - ST - ZIP	MIAMI BEACH FL 33139		CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	SBERT, JEAN L	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SBERT, JEAN L		NAME	SBERT, JEAN L	
STREET ADDRESS	45 STAR ISLAND		STREET ADDRESS	45 STAR ISLAND	
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
000000360693 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/05/05-80042-019 150.00					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>JEAN L. SBERT</i> JEAN L. SBERT 04-26-05 305-379-0114					