

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90019 029 \*\*\*158.75

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07062006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # V49365</b> 1. Entity Name <b>KUBERA CORPORATION</b>					
Principal Place of Business <b>1880 ARLINGTON ST. STE 109 SARASOTA, FL 34239 US</b>			Mailing Address <b>3482 FLAMINGO AV SARASOTA, FL 34242 US</b>		
2. Principal Place of Business <b>1540 S. Tamiami Trail</b> Suite, Apt. #, etc. <b>Suite 401</b> City & State <b>Sarasota, FL</b> Zip <b>34239</b> Country <b>U.S.A.</b>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip  Country 		4. FEI Number <b>65-0346354</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SANCHEZ, ALBERT A JR 1133 4TH STREET STE 300 SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name <b>Robert H. Piper</b> Street Address (P.O. Box Number is Not Acceptable) <b>330 S. Pineapple Suite 106</b> City <b>Sarasota</b> FL Zip Code <b>34236</b>		
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  DATE <b>7-10-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CRICK, RANDAL C 3482 FLAMINGO AV SARASOTA, FL 34242</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>CRICK, WILLIAM F III 1880 ARLINGTON STREET, SUITE 109 SARASOTA, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D CRICK, WILLIAM F III 1540 S. TAMIAAMI TRAIL, SUITE 401 SARASOTA, FL 34239</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>RANDAL C. CRICK</b>		Date <b>7/6/06</b> Daytime Phone # <b>941-349-9309</b>	