


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F01000002604

1. Entity Name
CYBERSTAINLESS CORP.



Principal Place of Business Mailing Address

**457 ST PAUL BLVD.
 CAROL STREAM, IL 60188** **457 ST PAUL BLVD.
 CAROL STREAM, IL 60188**

DO NOT WRITE IN THIS SPACE



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
36-4406544 Not Applicable

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

6. Name and Address of Current Registered Agent

**EDWARDS SR., DOUGLAS J
 14558 ANCHORAGE CIRCLE
 SEMINOLE, FL 33776-1113**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

U00000597685
 01/24/07-80046-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PATEL, CHOTTALAL
STREET ADDRESS	457 ST PAUL BLVD.
CITY - ST - ZIP	CAROL STREAM, IL
TITLE	ST
NAME	PATEL, SATISH C
STREET ADDRESS	457 ST PAUL BLVD.
CITY - ST - ZIP	CAROL STREAM, IL
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:  1-19-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #