


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 422829 1. Entity Name ALYRUK INTERNATIONAL CORPORATION	
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Principal Place of Business C/O CHARLES M SALAS ATTORNEYS & COUNSEL 2809 BIRD AVENUE, SUITE 272 MIAMI, FL 33133-4604	Mailing Address C/O CHARLES M SALAS ATTORNEYS & COUNSEL 2809 BIRD AVENUE, SUITE 272 MIAMI, FL 33133-4604
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04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1454602	Applied For <input type="checkbox"/> Not Applicable
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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

KURLA, M.A.
2801 EMATHLA STREET
MIAMI, FL 33133

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000139094
04/29/04-80107-019 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KURLA, MICHAEL A 2801 EMATHLA STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALAS, C M 2809 BIRD AVE., #272 COCONUT GROVE, FL. 0.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KURLA, HELEN M 2801 EMATHLA STREET MIAMI, FL 33133
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 exemption stated in Section 19.07(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: X Michael Kurla X 4/27/04 ⁽³⁰⁵⁾ 850 0983

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