


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90006 030 ***150.00

DOCUMENT # J23993 1. Entity Name KEN PYBUS BROKERAGE, INC.			
Principal Place of Business 1257 W. ATLANTIC BLVD. # 108 POMPANO BEACH, FL 33069 US		Mailing Address P. O. BOX 1359 POMPANO BCH., FL 33061 US	
2. Principal Place of Business 1255 W. ATLANTIC BLVD.		3. Mailing Address Suite, Apt. #, etc. # 118	
Suite, Apt. #, etc. # 118		Suite, Apt. #, etc.	
City & State POMPANO BEACH FL		City & State	
Zip 33069		Country	
4. FEI Number 59-2691738		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PYBUS, KEN 8995 E 2ND AVENUE #116 DEERFIELD BEACH, FL 33441		7. Name and Address of New Registered Agent Name KEN PYBUS Street Address (P.O. Box Number is Not Acceptable) 899 S.E. 2ND AVE., #116 City DEERFIELD BEACH FL Zip Code 33441	
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 <u><i>Kenneth Pybus</i></u> DATE <u>4-15-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PYBUS, KEN P O BOX 1359 N/A POMPANO BCH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Kenneth Pybus</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4-15-04</u> Daytime Phone # <u>954 788-2567</u>	