


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00-AM**  
**Secretary of State**

DOCUMENT # P95000005236  
 1. Entity Name  
 HYBRID INVESTMENT CORP.



Principal Place of Business      Mailing Address  
 9505 S.W. 136 ST                      9505 S.W. 136 ST  
 MIAMI, FL 33176                      MIAMI, FL 33176

**DO NOT WRITE IN THIS SPACE**



04292004    No Chg-P    CR2E034 (10/03)

4. FEI Number                      Applied For  
 65-0553639                      Not Applicable

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

6. Name and Address of Current Registered Agent  
 AJAGBE, AUGUSTINE O  
 9505 S.W. 136 ST  
 MIAMI, FL 33176

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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: *Augustine Ajagbe*                      4/27/04  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reappointing)      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

U00000145126  
 05/03/04-80012-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	AJAGBE, AUGUSTINE O
STREET ADDRESS	9505 S.W. 136TH ST.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	DS
NAME	ALLE, OLUWOLE
STREET ADDRESS	19170 NW 88TH CT
CITY-ST-ZIP	MIAMI LAKES, FL 33176
TITLE	DS
NAME	AJAGBE, ADETUTU
STREET ADDRESS	9505 S.W. 136 ST
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	ALLE, MARGRET A
STREET ADDRESS	19170 NW 88TH CT
CITY-ST-ZIP	MIAMI LAKES, FL 33018
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Augustine Ajagbe*                      4/27/04    305-477-7811  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #