


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P9500005236
 1. Entity Name
 HYBRID INVESTMENT CORP.



Principal Place of Business 9505 S.W. 136 ST MIAMI, FL 33176	Mailing Address 9505 S.W. 136 ST MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0553639	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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* **AUGUSTINE AJAGBE** 07/05/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

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

100000372195
 07/11/05-80022-006 558.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AJAGBE, AUGUSTINE O 9505 S.W. 136TH ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALLE, OLUWOLE 19170 NW 88TH CT MIAMI LAKES, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AJAGBE, ADETUTU 9505 S.W. 136 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLE, MARGRET A 19170 NW 88TH CT 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)(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: *Augustine Ajagbe* **AUGUSTINE AJAGBE** 07/05/05 (305) 477 7811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #