


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 30, 2007 08:00 A**  
**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**



07252007    No Chg-P    CR2E034 (11/05)

4. FEI Number 65-0553639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**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 \$550.00**  
**Due by September 14, 2007**

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

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	

U00000773045  
 08/30/07-80001-021 558.75

**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: *Augustine O. Ajagbe*      AUGUSTINE O. AJAGBE      08/08/07      (305) 4777811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #