


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90068 016 \*\*\*150.00

**DOCUMENT # P97000062264**

1. Entity Name  
**OKYS GROUP, INC.**



Principal Place of Business      Mailing Address

10265 SW 145TH PL      10265 SW 145TH PL  
 MIAMI FL 33186      MIAMI FL 33186

2. Principal Place of Business      3. Mailing Address

**14357 SW 97 Lane**      **14357 SW 97 Lane**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

**Miami Florida**      **Miami Florida**

Zip      Country      Zip      Country

**33186**      **USA**      **33186**      **USA**

01010000



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For

**65-0774993**       Not Applicable

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

6. Name and Address of Current Registered Agent

**OKSANA, LEIVA**  
**15032 SW 90 ST.**  
**MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

**14357 SW 97 Lane**

City **Miami**      FL      Zip Code **33186**

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**  
**Make Check Payable to Florida Department of State**

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

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LEIVA, OKSANA	
STREET ADDRESS	7550 SW 153 CT #103	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LEIVA, DOUGLAS	
STREET ADDRESS	7550 SW 153 CT #103	
CITY-ST-ZIP	MIAMI FL 33193	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>14357 SW 97 Lane</b>	
CITY-ST-ZIP	<b>Miami FL 33186</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>14357 SW 97 Lane</b>	
CITY-ST-ZIP	<b>Miami FL 33186</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Oksana Leiva*      **Oksana Leiva**      4/1/04      (305) 205-1355

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