


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000062264</b> 1. Entity Name <b>OKYS GROUP, INC.</b>	
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Principal Place of Business <b>14357 SW 97 LANE MIAMI FL 33186</b>	Mailing Address <b>14357 SW 97 LANE MIAMI FL 33186</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE      CR2E034 (10/04)

City & State  Zip      Country	City & State  Zip      Country
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4. FEI Number <b>65-0774993</b>	Applied For <input type="checkbox"/> 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  <b>OKSANA, LEIVA 14357 SW 97 LANE MIAMI FL 33186</b>
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete NAME      LEIVA, OKSANA STREET ADDRESS      14357 SW 97 LANE CITY-ST-ZIP      MIAMI FL 33186
TITLE	VSD <input type="checkbox"/> Delete NAME      LEIVA, DOUGLAS STREET ADDRESS      14357 SW 97 LANE CITY-ST-ZIP      MIAMI FL 33186
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
TITLE	_____ <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>U00000283078</b> STREET ADDRESS <b>04/01/05-80014-003 150.00</b> 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
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)(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: Oksana Leiva      Oksana Leiva      02/29/05 (305) 408-2852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #