


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90045 029 ***150.00

DOCUMENT # P99000010530

1. Entity Name
HERE & BEYOND, INC.



Principal Place of Business
**333 MINNESOTA STREET
 HOLLYWOOD, FL 33019**

Mailing Address
**333 MINNESOTA STREET
 HOLLYWOOD, FL 33019**

2. Principal Place of Business
1803 N OCEAN DR

3. Mailing Address
PO Box 220498

Suite, Apt. #, etc.

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

Zip
33019

Country
USA

Zip
33022


Country
USA

04192004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0907376

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

**DARBY, CHERIE
 333 MINNESOTA STREET
 HOLLYWOOD, FL 33019**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1803 N. OCEAN DRIVE

City
HOLLYWOOD FL

Zip Code
33019

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 *Cherie Darby* DATE **4/19/04**

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**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DIR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DARBY, CHERIE			NAME			
STREET ADDRESS	333 MINNESOTA STREET			STREET ADDRESS			
CITY-STATE-ZIP	HOLLYWOOD, FL 33019			CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-STATE-ZIP				CITY-STATE-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: *Cherie Darby* DATE: **4/19/04**