


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # S11000
 1. Entity Name
ALYSAB, INC.



| | |
|---|---|
| Principal Place of Business BOX N 4837 NASSAU, BAHAMAS, 00000-7000 | Mailing Address 200 SOUTH BISCAYNE BLVD. SIXTH FLOOR MIAMI, FL 33131 US |
|---|---|

DO NOT WRITE IN THIS SPACE



04292005 No Chg-P CR2E034 (10/03)

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|------------------------------------|-------------------------------|
| 4. FEI Number 65-0226777 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

**BRANT, BARRY
 C/O BDPB
 200 S. BISCAYNE BLVD., SIXTH FLOOR
 MIAMI, FL 33131**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS LOURDIN, YVES CHARLOTTE HSE. SHIRLEY ST NASSAU BAHAMAS, |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LOURDIN, MATTY CHARLOTTE HOUSE CHARLOTTE ST. NASSAU, BA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BRANT, BARRY 200 SOUTH BISCAYNE BLVD., 6TH FL MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 05/04/05-80001-024 150.00

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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)(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: Barry Brant Barry Brant 4/28/05 305-379-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #