


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90377 036 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # S11000

1. Entity Name
ALYSAB, INC.



Principal Place of Business
 BOX N 4837
 NASSAU, BAHAMAS, 00000-7000

Mailing Address
 C/O BDPB
 SIXTH FLOOR
 MIAMI, FL 33131 US

11038577

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 200 SOUTH BISCAYNE BLVD.
 Suite, Apt. #, etc.
 SIXTH FLOOR

City & State
 MIAMI, FLORIDA

Zip
 33131

Country
 USA



CHECK HERE IF MAKING CHANGES

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
 ONE S.E. THIRD AVENUE 6TH FLR
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name **BRANT, BARRY**
 Street Address (P.O. Box Number is Not Applicable)
C/O BDPB, 200 SOUTH BISCAYNE BLVD., SIXTH FLOOR
 City **MIAMI** FL Zip Code **33131**

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's signature required when existing)

FILE NOW!!! FEE IS \$150.00
 After May 1, 2003 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS LOURDIN, YVES CHARLOTTE HSE. SHIRLEY ST NASSAU BAHAMAS, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOURDIN, MATTY CHARLOTTE HOUSE CHARLOTTE ST. NASSAU, BA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRANT, BARRY CO BDPB 200 S BISCAYNE BLVD 6 FL MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRANT, BARRY 200 SOUTH BISCAYNE BLVD., 6TH FL MIAMI, FLORIDA 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 4/29/03 305-379-7000

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

CFR2034 (10/02)