

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000050

Entity Name: HUBRIS, INC.

FILED  
Feb 15, 2004  
Secretary of State

## Current Principal Place of Business:

4330 SOUTH VALLEY VIEW BLVD STE. 120  
LAS VEGAS, NV 89103

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 30610  
LAS VEGAS, NV 891730610

## New Mailing Address:

FEI Number: 56-2302498

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LENHOFF, PAMELA  
840 NE 3RD ST #200  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

LENHOFF, PAMELA  
3905 SE 51 COURT  
OCALA, FL 34480 US

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.

SIGNATURE: PAMELA LENHOFF

02/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CDPS ( ) Delete  
Name: LENHOFF, PAMELA  
Address: 840 NE 3RD ST #200  
City-St-Zip: OCALA, FL 34470

Title: T ( ) Delete  
Name: LENHOFF, PAMELA  
Address: 840 NE 3RD ST #200  
City-St-Zip: OCALA, FL 34470

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDPS (X) Change ( ) Addition  
Name: LENHOFF, PAMELA  
Address: 3905 SE 51 COURT  
City-St-Zip: OCALA, FL 34480

Title: T (X) Change ( ) Addition  
Name: LENHOFF, PAMELA  
Address: 3905 SE 51 COURT  
City-St-Zip: OCALA, FL 34480

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA LENHOFF

PRES

02/15/2004

Electronic Signature of Signing Officer or Director

Date