


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

06-28-2004 90009 036 \*\*\*550.00

<b>DOCUMENT # L44224</b>		
1. Entity Name HYVAC, INC.		

Principal Place of Business <del>290 S.W. 12TH AVE.</del> <del>STE. #8</del> <del>POMPAHO BEACH, FL 33060</del> <b>US</b>	Mailing Address <del>290 S.W. 12TH AVE.</del> <del>STE. #8</del> <del>POMPAHO BEACH, FL 33060</del> <b>US</b>
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**54058962**



2. Principal Place of Business <b>3411 SW 11 STREET</b> Suite, Apt. #, etc.	3. Mailing Address <b>3411 SW 11 STREET</b> Suite, Apt. #, etc.
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06252004 Chg-P CR2E034 (10/03)

City & State <b>Deerfield Beach FL</b>	City & State <b>Deerfield Beach FL</b>
Zip <b>33442</b>	Country <b>USA</b>

4. FEI Number <b>65-0164358</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CABRERA, ANGEL</b> <del>290 S.W. 12TH AVE.</del> <del>STE. #8</del> <del>POMPAHO BEACH, FL 33060</del> <b>3411 SW 11 STREET</b> <b>DEERFIELD BEACH FL</b> <b>33442</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

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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<input type="checkbox"/> <input type="checkbox"/>
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	<b>CABRERA, ANGEL</b>
STREET ADDRESS	<b>6254 NW 63RD WAY</b>
CITY-ST-ZIP	<b>PARKLAND, FL 33067</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>CABRERA, MILVIA</b>
STREET ADDRESS	<b>6254 NW 63RD WAY</b>
CITY-ST-ZIP	<b>PARKLAND, FL 33067</b>
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	
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)(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: 	<b>MILVIA CABRERA</b>	<b>6/25/04</b>	<b>(954) 4273411</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #