

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90371 035 ***150.00

DOCUMENT# P00000015062

1. Entity Name
LOYAL INC.

Principal Place of Business
1850 NE 48th Street # 235
Pompano Beach, FL 33064

Mailing Address
1850 NE 48th Street # 235
Pompano Beach, FL 33064

44042316

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

223704988

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of Now Registered Agent

LEAL, ANTONIO
1850 NE 48th Street # 235
Pompano Beach, FL 33064

Name

Street Address (P O Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS: \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution

\$5.00 may Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME
PTD
LEAL, ANTONIO
 STREET ADDRESS
1850 NE 48th Street # 235
 CITY - ST - ZIP
Pompano Beach, FL 33064

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE Delete
 NAME
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 CITY - ST - ZIP

13. 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 qualified by chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE X *Antonio Leal* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/04

Date

Daytime Phone #