


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90277 001 ***150.00

DOCUMENT # P00000075861					
1. Entity Name LYNBEK, INC.					
Principal Place of Business 815 NE 199TH ST #101 NORTH MIAMI, FL 33179			Mailing Address 815 NE 199TH ST #101 NORTH MIAMI, FL 33179		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03312004 Chg-P CR2E034 (10/03)	
Zip	Country	Zip	Country	4. FEI Number 65-1027592	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CERA, MARK 9050 PINE BLVD. STE 384 PEMBROKE PINES, FL 33024			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>June A E Lyn</u> DATE: <u>4-12-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	LYN, JUNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUN, JUNE		NAME	LYN, JUNE	
STREET ADDRESS	815 NE 199TH ST. APT 101		STREET ADDRESS	815 NE 199TH ST APT 101	
CITY-ST-ZIP	NORTH MIAMI, FL 33179		CITY-ST-ZIP	NORTH MIAMI, FL 33179	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYN, ERROL		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	815 NE 199TH ST. APT 101		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	NORTH MIAMI, FL 33179		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYN, BRUCE		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	815 NE 199TH ST. APT 101		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	NORTH MIAMI, FL 33179		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<input type="checkbox"/> Delete		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <u>June A E Lyn</u> Date: <u>4-12-04</u> Daytime Phone #: <u>305 754 0002</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					