



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000044497 1. Entity Name LANYKO CORP.				FILED 05 MAY 10 PM 3:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
Principal Place of Business CO. MALLAH, FUMAN AND COMPANY P.A. 40205 FISHER ISLAND DR FISHER ISLAND, FL 33109		Mailing Address CO. MALLAH, FUMAN AND COMPANY P.A. 40205 FISHER ISLAND DR FISHER ISLAND, FL 33109																											
2. Principal Place of Business 40205 Fisher Island Dr. Suite, Apt. #, etc.		3. Mailing Address 40205 Fisher Island Dr. Suite, Apt. #, etc.																											
City & State Fisher Island, Florida Zip 33109		City & State Fisher Island, Florida Zip 33109		4. FEI Number 03-0392808 Applied For <input type="checkbox"/> Not Applicable																									
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 SOUTH BISCAYNE BLVD. SUITE 1500 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ADD: Suite 1500 (KDC) City FL Zip Code																										
8. The above named entry 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">D</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TCHINNOSIAN, JORGE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1221 BRICKELL AVE., 24TH FL</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table>			TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	TCHINNOSIAN, JORGE		STREET ADDRESS	1221 BRICKELL AVE., 24TH FL		CITY-ST-ZIP	MIAMI, FL 33131		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">ANALYST</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Barry Grant</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>200 S. Biscayne Blvd. 6th Floor</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Miami FL 33131</td> <td></td> </tr> </table>			TITLE	ANALYST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Barry Grant		STREET ADDRESS	200 S. Biscayne Blvd. 6th Floor		CITY-ST-ZIP	Miami FL 33131	
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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>Barry Grant</u> Barry Grant 4-28-05 305-339-7000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													