

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000116659			
1. Entity Name HYBRID REAL ESTATE SERVICES, INC.			
Principal Place of Business 742 NW 12 AVENUE MIAMI, FL 33136		Mailing Address 742 NW 12 AVENUE MIAMI, FL 33136	
2. Principal Place of Business		3. Mailing Address 2520 SW 22 STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 2-328	
City & State		City & State MIAMI, FLORIDA	
Zip		Zip 33145	
Country		Country US	
4. FEI Number 65-1071560		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERNANDEZ, LAUREN R 2520 SW 22 ST #2-328 MIAMI, FL 33145		Name HYBRID CORPORATION	
		Street Address (P.O. Box Number is Not Acceptable) 2520 SW 22 STREET	
		# 2-328	
		City MIAMI	
		FL Zip Code 33145	
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 		BERT VELUNZA	
		03-03-03	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 NAME STREET ADDRESS CITY-ST-ZIP	D FERNANDEZ, LAUREN R 742 NW 12 AVENUE MIAMI, FL 33136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS VELUNZA, BERT 742 NW 12 AVENUE MIAMI, FL 33136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		BERT VELUNZA	
		03-03-03 (305) 285-0808	

CER2E034 (10/02)