
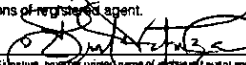
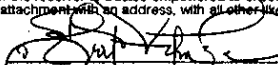


FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90141 042 ***150.00

**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. # 2-328	
Suite, Apt. #, etc.		City & State MIAMI, FLORIDA	
City & State		4. FEI Number 65-1071560	
Zip 33145		Country US	
5. Name and Address of Current Registered Agent FERNANDEZ, LAUREN R 2520 SW 22 ST #2-328 MIAMI, FL 33145		7. Name and Address of New Registered Agent 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 DATE 03-03-03 <small>(Signature, by typing printed name of registered agent and title is applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
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 <input type="checkbox"/> Delete NAME D FERNANDEZ, LAUREN R STREET ADDRESS 742 NW 12 AVENUE CITY-ST-ZIP MIAMI, FL 33136		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME VPS VELUNZA, BERT STREET ADDRESS 742 NW 12 AVENUE CITY-ST-ZIP MIAMI, FL 33136		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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:  BERT VELUNZA		DATE 03-03-03 (305) 285-0808	

CR2E034 (10/02)