
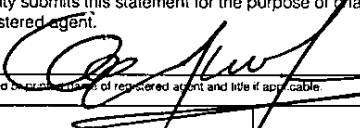



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90096 017 \*\*\*150.00

<b>DOCUMENT # P02000002749</b> 1. Entity Name <b>EYMOL CORP.</b>			
Principal Place of Business <b>8181 NW 36 ST., STE 5E MIAMI, FL 33166</b>		Mailing Address <b>8181 NW 36 ST., STE 5E MIAMI, FL 33166</b>	
2. Principal Place of Business <b>4839 N.W. 116 AV</b> Suite, Apt. #, etc.		3. Mailing Address <b>4839 N.W. 116 AV</b> Suite, Apt. #, etc.	
City & State <b>Doral FL</b> Zip <b>33178</b> Country		City & State <b>Doral FL</b> Zip <b>33178</b> Country	
4. FEI Number <b>26-0011627</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MOLINA, EYBAR 8181 NW 36 ST., STE 5E MIAMI, FL 33166</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4839 NW 116 AV</b> City <b>Doral</b> <b>FL</b> Zip Code <b>33178</b>	
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:  DATE: <b>4/10/05</b> <small>Signature, typed name and title of registered agent and title if applicable. If not, registered Agent signature required when reinstating.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>PD MOLINA, EYBAR 8181 NW 36 ST., STE 5E MIAMI, FL 33166</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SD CLAUDIA JIMENEZ 4839 NW 116 AV Doral FL 33178</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(f), 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: 		04-15-2005 305 2263443 <small>Date Daytime Phone #</small>	

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04222005 Chg-P CR2E034 (10/03)