

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000029165	
1. Entity Name CONYSSEN, CORP.	



Principal Place of Business 328 CRANDON BLVD., #226 KEY BISCAYNE, FL 33149	Mailing Address 328 CRANDON BLVD., #226 KEY BISCAYNE, FL 33149
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DO NOT WRITE IN THIS SPACE

04142004 No Chg-P CR2E034 (10/03)

4. FE Number 02-0574426	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CALVO, LIZABETH F
328 CRANDON BLVD, STE 226
KEY BISCAYNE, FL 33149**

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and the filer if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D COHEN, RAFAEL 328 CRANDON BLVD., #226 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D NYSSSEN, FAICEL 328 CRANDON BLVD., #226 KEY BISCAYNE, FL 33149
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U00000150025
05/03/04-P0209-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Faicyssen delcher* 26 April, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR