2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 17, 2004 8:00 am Secretary of State DOCUMENT # P02000040409 1. Entity Name 02-17-2004 90002 024 ***150.00 SUBSYL CORP. Principal Place of Business Mailing Address 13770 SOUTHWEST 17TH TERRACE 13770 SOUTHWEST 17TH TERRACE **MIAMI FL 33175 MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address 107505W ISS BVE 138 AVE mz azral Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 03-0427664 MARIM MAM Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 3186 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. SOHR, SYLVIA P Street Address (P.O. Box Number is Not Acceptable) 13770 S.W. 17 TERRACE **MIAMI FL 33175** 138 8 NE v s.w. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PDSD** TITLE ☐ Delete Change Addition NAME SOHR, SYLVIA P NAME 10750 S.W. 128 AVE STREET ADDRESS 13770 SOUTHWEST 17TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP MIXMIFL 33186 VD ☐ Delete TITLE **X** Change ☐ Addition NAME MARTINEZ-SOHR, MANUEL NAME 107505,W. 128 AVE 13770 SOUTHWEST 17TH TERRACE STREET ADDRESS STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Defete Addition NAME MARTINEZ-SOHR IVAN NAME 107505W 128 ave STREET ADDRESS 13770 SOUTHWEST 17TH TERRACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

ICER OR DIRECTOR

FILED