


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P02000064862 |  |
| 1. Entity Name BYCSA inc. | |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|---|
| Principal Place of Business 3666 N.E. 168 St #2 | Mailing Address NORTH MIAMI BEACH, FL 33160 |
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| 2. Principal Place of Business 9603 NW 72nd MANOR | 3. Mailing Address 9603 NW 72nd MANOR |
| Suite, Apt., #, etc. | Suite, Apt., #, etc. |

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| City & State TAMARAC - FLORIDA | City & State TAMARAC - FLORIDA |
| Zip 33321 | Country U.S. |

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|---|--------------------------------|-----------------|
| 01312005 | Chg-P | CR2E034 (10/03) |
| 4. FEI Number 47-0871036 | Applied For | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent JOSE A. LLONTOP 3666 N.E. 168 St #2 NORTH MIAMI BEACH, FL 33160 |
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| 7. Name and Address of New Registered Agent Name DRAGO ZUBIC Street Address (P.O. Box Number is Not Acceptable) 9603 NW 72nd MANOR City TAMARAC FL Zip Code 33321 |
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| 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 X Drago Zubic DATE 4/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete P JOSE LLONTOP 3666 N.E. 168 St #2 NORTH MIAMI BEACH - FLORIDA 33160 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VICE - PRESIDENT DRAGO ZUBIC 9603 NW 72nd MANOR TAMARAC - FLORIDA 33321 |
| 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"/> Change <input type="checkbox"/> Addition 100054016811 05/06/05--01072--010 **150.00 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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: X [Signature] DATE 4/25/05 DAYTIME PHONE # (305) 332-0736 <small>Signature, typed or printed name of signing officer or director</small> |
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