


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000067592	
1. Entity Name MCCARTHY CYBER-VENTURES, INC.	

Principal Place of Business 15201 NW 32ND AVENUE OPA LOCKA, FL 33054	Mailing Address 15201 NW 32ND AVENUE OPA LOCKA, FL 33054
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0621536	Applied For Not Applicable
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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 MCCARTHY, OLIVIA 15201 NW 32ND AVENUE OPA LOCKA, FL 33054	DO NOT WRITE IN THIS SPACE
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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 <u>Olivia McCarthy</u> <u>OLIVIA MCCARTHY</u> <u>4/14/04</u>	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MCCARTHY, OLIVIA 15201 NW 32ND AVENUE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PROCTOR, PATRICIA 1700 JOE LOUIS ST TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MCCARTHY, ARTHUR 15201 NW 32ND AVENUE OPA LOCKA, FL 33054
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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04/19/04-80124-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: <u>OLIVIA MCCARTHY</u>	<u>4/14/04</u>	<u>305687-1587</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #