


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91892 034 ***150.00

DOCUMENT # <u>P02000104717</u>	
1. Entity Name CYRUS ENTERPRISES INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>P.O. Box 540164</u>	3. Mailing Address <u>P.O. Box 541092</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <u>LAKE WORTH, FL</u>	City & State <u>LAKE WORTH, FL</u>	4. FEI Number <u>16-1631724</u>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <u>33454</u>	Country <u>U.S.A</u>	Zip <u>33454</u>	Country <u>U.S.A</u>
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>DARRYL MOORE</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1100 BARNET DR, STE 49</u>
City <u>LAKE WORTH</u> <u>FL</u> Zip Code <u>33463</u>

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 Darryl Moore DARRYL MOORE DATE 04/30/03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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	<u>PRESIDENT, V.T.S.D.C.M</u> <u>DARRYL MOORE</u> <u>209 FOXTAIL DR APT C3</u> <u>W.P.B, FL 33415</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Darryl Moore 04/30/03 351-3090635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)