2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2004 08:00 AM Secretary of State

ANNUAL REPORT				Securitary of State	
DOCUMENT # P02000121625 1. Entity Name BUYNUSA, CORP.					Secretary of Stat
Principal Plac 1801 NE 19 MIAMI, FL 3	6TH TERRACE	Mailing Address 1801 NE 196TH TERRACE MIAMI, FL 33179			X BBIOT (1811 TOUR BOOK BBIOT RAID RAID (1811 BBIOT BIOTA BIOTA BIOTA BIOTA
С	O NOT WRITE	, mid	CE	01222004 4. FEI Numb 13-422	
6. Name and Address of Current Registered Agent JAY WHITE, ESQ 1 NE 2ND AVE. #200 SAINT PETERSBURG, FL 33732 8. The above named entity submits this statement for the purpose of changing its registered of				· IN	NOT WRITE THIS SPACE oth, 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 agent agent agent agent and title if applicable (NOTE Registered Agent ag					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be U00000080804 ded to Fees 03/08/04-80123-023 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND E PRES MALKA, JOSEPH 1801 NE 196TH TERRACE MIAMI, FL 33179	PRECTORS			
TITLE NAME STREET ADDRESS CITY-SF-ZIP TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby	certify that the information supplied with I	his filing does not qualify for the exc	emplion stated in Se	ection 119.07(3)	(i), Florida Statutes, I further certify that the information
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 AND THE DAR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: