


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90006 012 ***150.00

DOCUMENT # P02000122944	
1. Entity Name CORBA CORP.	

Principal Place of Business 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021	Mailing Address 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021
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54055539

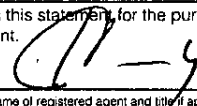
2. Principal Place of Business 780 NW 42 AVE	3. Mailing Address 780 NW 42 AVE.
Suite, Apt. #, etc. 416	Suite, Apt. #, etc. 416
City & State MIAMI FL	City & State MIAMI FL
Zip 33126	Country



03152003 Chg-P CR2E034 (10/03)

4. FEI Number 41-2071807		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROUSSO, MARK E 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent Name CORDOVA, ANGEL D. Street Address (P.O. Box Number is Not Acceptable) 780 NW 42 AVE. #416 City MIAMI FL Zip Code 33126

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.

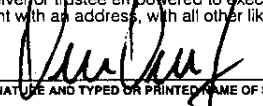
SIGNATURE:  DATE: 5/21/04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS LEPRE, HUGO 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVST LEPRE, HUGO 780 NW 42 AVE. #416 MIAMI FL 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEPRE, HUGO 3440 HOLLYWOOD BLVD STE 360 HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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  HUGO LEPRE, PRES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/21/04 Daytime Phone #