2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 19, 2004 8:00 am

DOCU 1. Entity Nam LYBYER,	ne	# P0300000		Secretary of State 04-19-2004 90401 033 ***150.00						
Principal Place of Business 3753 PARK AVE MIAMI, FL 33133			Mailing Address 3753 PARK AVE\$ MIAMI, FL 33133			1 120 HT 01 HT		ic iii si i20 iii	DE 1017W 3197W 0F	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Chg-P	_CR2E03		
City & State			City & State	,			4. FEI Number Applied For Not Applicable			ot Applicable
Zip	Country		Zip Cou		try	5. Certificate of Status Desired		ع تــا	\$8.75 Additional Fee Required	
		and Address of Curren	t Registered Agent		Name	7. Name and	Address of New Re	gistered A	gent	
SHERMAN 218 ALHAI CORAL GA	MBRA AV	E			Street Address (P.O. Box Number is Not Acceptable)					
			•		City		*;	FL	Zip Code	9
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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution										
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFIC	ERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS _CITY-ST-ZIP	PSTD PAREDES 3753 PAR MIAMI, FL	=	Oelete		1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1		-		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	÷	☐ Delete			,	-		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Oclete				-		Change -	Addition . —
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY-	ET ADDRESS - ST-ZIP				Change	Addition
12. Thereby 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 cath; 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:										
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