## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000023766

Entity Name: BELARUS CAPITAL, INC.

7911 W. POWHATAN AVENUE

() Delete

TAMPA, FL 33615

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Apr 26, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 7911 W. POWHATAN AVENUE TAMPA, FL 33615 **Current Mailing Address: New Mailing Address:** 7911 W. POWHATAN AVENUE P.O.BOX 2351 TAMPA, FL 33615 SYLVA, NC 28779 FEI Number: 32-0063117 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A LIAKH, VADIM 1840 SOUTHWEST 22 STREET, 4TH FLOOR VADIM MELENTIEV C/O VADIM LIAKH MIAMI, FL 33145 US 7221 CREEKWOOD CT. TAMPA, FL 33615 US 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. SIGNATURE: VADIM LIAKH 04/26/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDS () Delete () Change () Addition LIAKH, VADIM Name: Name: 7911 W. POWHATAN AVENUE Address: Address: City-St-Zip: TAMPA, FL 33615 City-St-Zip: VΡ () Delete Title: Title: () Change () Addition Name: LIAKH, LEANID Name: 7911 W. POWHATAN AVENUE Address: Address: TAMPA, FL 33615 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition ANTANOVICH, LOISF Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

MGR

LIAKH, ALIAKSANDR

TAMPA, FL 33615

7911 W. POWHATAN AVENUE

( ) Change (X) Addition

SIGNATURE: VADIM LIAKH PDS 04/26/2004