2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 09, 2004 8:00 am Secretary of State 07-16-2004 90012 036 ***150.00

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DOCUMENT # POS	000033990			
1. Entity Name LYSAME, INC.				
				.
Principal Place of Business	Mailing Address		1	
8655 DOVER OAKS CT	8655 DOVER OAKS CT			
ORLANDO, FL 32836	ORLANDO, FL 32836			
D. Oriental Otton of Professor	La Maria-Adama			
2. Principal Place of Business	3. Mailing Address)	N 80150 (N8; 8110 1978 (NHT B)(COC; II 1881
Suite, Apt. #, etc.	Suite, Apt. #, etc.		07122004 Chg-P	CR2E034 (10/03)
City & State	City & State		4. FEI Number 55-0824013	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required
	ss of Current Registered Agent		7. Name and Address of New F	legistered Agent
MENDOZA ARISTIDES			<u> ئىسى بىلىنى بىلىن</u>	<u> </u>
8655 DOVER OAKS CT ORLANDO, FL 32836		Street Address	Street Address (P.O. Box Number is Not Acceptable)	
•		City		Zip Code
}				FL
 B. The above named entity submits the the obligations of registered agent. 	nis statement for the purpose of changing its	registered office or registe	ered agent, or both, in the State of H	orida. I am familiar with, and accept
SIGNATURE			•	
Signature, typed or printed name	of registered agent and title if applicable. [NOTE	: Registered Agent signature require	od when reinstating)	DATE
FILE NOW!!! FEE IS			5.00 May Be In accordance comporation did	with s. 607.193(2)(b), F.S., the I not receive the prior notice.
Due by September	8, 2004 Trust Fund Contr	ribution. W Ad	ped to Fees Corporation did	i not receive the phor notice.
1	FFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11
NAME DP NAME MENDOZA, ARISTI	PES Defets	TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS 8655 DOVER OAKS CT CITY-ST-ZIP ORLANDO, FL 32836		STREET ADDRESS CITY-ST-ZIP		
TITLE DV	Deiete	NITLE		☐ Change ☐ Addition
NAME MENDOZA, SARAH		NAME		
STREET ADDRESS 8655 DOVER OAKS CITY-ST-ZIP ORLANDO, FL 328		STREET ADDRESS CITY-ST-ZIP	-	
TITLE URLANDO, PL 328	Delete	IME		☐ Change ☐ Addition
NAME		NAME		
STREET ADDRESS.		STREET ADDRESS		a maring
DILE	☐ Delete	· ITTLE	<u> </u>	☐ Change ☐ Addition
NAME		HAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS		HAME Street address		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	IIILE	<u> </u>	☐ Change ☐ Addition
NAME STREET ADDRESS (NAME Street address		
CITY-SI-ZIP	: r cr	CITY-ST-ZIP	ma , the .	e ty of the second of the seco
12. I hereby certify that the informatic	on supplied with his time does not quality for	r the exemption stated in S	Section 119.07(3)(i), Florida Statutes a same legal effect as if made under	. I further certify that the information cath; that I am an officer or director
of the corporation or the receiver changed, or on an attachment wi	on supplied with this tring does not quality for mental report is ruedand accurate and that n or trusted empowered to report the an address, with all other like empowered.	as required by Chapter 6	07. Florida Statutes; and that my nar	ne appears in Block 10 or Block 11 if
. "	LXLIV		ลโมโอน	407 352-9156
SIGNATURE:	RE AND TYPED OR PRINTED HAME OF SIGNING OFFICER	OR DIRECTOR	Date	Disylame Phone #