

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90025 025 ***158.75

DOCUMENT # P03000089026

1. Entity Name

BUENOLA TYLER, INC.



Principal Place of Business

127 HILLSHIRE COURT
BARRINGTON IL 60010
US

Mailing Address

127 HILLSHIRE COURT
BARRINGTON IL 60010
US

2. Principal Place of Business

P.O. Box 3487

3. Mailing Address

P.O. Box 3487

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Barrington, IL

City & State

Barrington, IL

4. FEI Number

77-0606186

Applied For

Not Applicable

Zip

60011-3487

Country

USA

Zip

60011-3487

Country

USA

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**PEOPLESKILLS, INC-
7241 S.W. 168TH
SUITE A
MIAMI FL 33157**

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PS
TYLER, BUENOLA
127 HILLSHIRE COURT
BARRINGTON IL 60010**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

Buenola Tyler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/04

Date

(708) 408-3870

Daytime Phone #