


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90016 028 ***150.00

DOCUMENT # P05000030966		
1. Entity Name CYRA, INC.		
Principal Place of Business 7006 ATLANTIC BLVD JACKSONVILLE FL 32211		Mailing Address 7006 ATLANTIC BLVD JACKSONVILLE FL 32211
2. Principal Place of Business - No P.O. Box #		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
		Country



1st MOORE CR2E034 (10/07)

4. FEI Number 59-3797796		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RIZK, BASSAM G 7006 ATLANTIC BLVD JACKSONVILLE FL 32211		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title (Applicable)</small>		DATE _____ <small>(NOTE: Registered Agent signature required when re-registering)</small>

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	P RIZK, BASSAM G 3447 BRIGHTWATER LANE JACKSONVILLE FL 32277-1133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3701 Windmoor Dr. Jacksonville, FL. 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V RIZK, ZEINA 3447 BRIGHTWATER LANE JACKSONVILLE FL 32277-1133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3701 Windmoor Dr. Jacksonville FL. 32217
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S RIZK, CYNTHIA 3447 BRIGHTWATER LANE JACKSONVILLE FL 32277-1133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3701 Windmoor Dr. Jacksonville, FL. 32217
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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 exemptions contained in Section 119, 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: *Bassam G. Rizk*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BASSAM G. RIZK
 Date: **02-17-08** Daytime Phone: **904-731-3131**