


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000033011	
1. Entity Name SARYTERE, INC.	

Principal Place of Business C/O DACAR MANAGEMENT LLC 336 E DANIA BEACH BLVD DANIA, FL 33004	Mailing Address C/O DACAR MANAGEMENT LLC 336 E DANIA BEACH BLVD DANIA, FL 33004
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**DO NOT WRITE IN THIS SPACE**

02122004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0413134	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

GARCIA-VELEZ, CARLOS  
336 E DANIA BEACH BLVD  
DANIA, FL 33004

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (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  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHA, DAVID 520 BRICKELL DRIVE O-305 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHA, MOISES 520 BRICKELL DR O-305 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHA, ALBERTO 520 BRICKELL DR O-305 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000130144  
04/26/04-80106-009 158.75

**DO NOT WRITE  
IN THIS SPACE**

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: David Micha 4/19/04 954-927-4885  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #