2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

NAME STREET ADDRESS OCTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Name	VENT # P93000064 HYAM, INC.	379			Feb 06, 2004 08:00 AM Secretary of State			
ROTAN, MOHAMMED   Security   Se			· · · · · · · · · · · · · · · · · · ·						
MONTEVERDE FL 34766  MONTEVERDE FL 34766  MONTEVERDE FL 34766  Sulfa, Apt. R. etc.  Sulfa, Apt. R. etc.  Sulfa, Apt. R. etc.  Sulfa, Apt. R. etc.  MOORE CR2E004 (11/03)  Applied For L. A	Principal Place of Business Mailing Address								
Surfer, April, P., etc.    Surfer, April, P., etc.   Surfer, April, P., etc.   Surfer, April, P., etc.   Surfer, April, P., etc.   Application For Separation   Separation   Application For Separation			P.O. BOX 560112 MONTEVERDE FL 347	756					
City & State  City & State  City & State  City & State  A. FEI Number 59-3180732  Input Country  E. Country  E. Country  E. Country  S. Certificate of Status Desired  S. Certificate of Status Desired  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  Fee Required  For Invarious Street Address of New Registered Agent  Name  Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zep Code  8. The above named entity submits this attainment for the purpose of changing its registered office of registered agent, or both, in the State of Fendal. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signate Speak or prince mend improved sept and all experiments  FILE NOW!! FEE IS \$150.00  Make Check Payable to Florid Repeated agent and adecidated.  FILE NOW!! FEE IS \$150.00  Make Check Payable to Florid Repeated Person and Improved State  OFFICEIRS AND DIRECTIORS  THE NOW!! FEE IS \$150.00  Make Check Payable to Florid Repeated Person and Institute Adecidated.  FILE NOW!! FEE IS \$150.00  Make Check Payable to Florid Repeated Person and Institute Adecidated.  FILE NOW!! FEE IS \$150.00  Make Check Payable to Florid Repeated Person and Institute Adecidated.  FILE NOW!! FEE IS \$150.00  Make Check Payable to Florid Repeated Person and Institute Adecidated.  FILE NOW!! FEE IS \$150.00  Make Check Payable to Florid Repeated Person and Institute Adecidated.  FILE NOW!! FEE IS \$150.00  Make Check Payable to Florid Repeated Person and Institute Adecidated.  FILE NOW!! FEE IS \$150.00  Make Check Payable to Florid Repeated Person and Institute Adecidated.  FILE Now Addition and Institute Adecidated.  FILE Now Addition Adecidated Speak A	2. Principal Place of Business		3. Mailing Address						
Sp. 3180732   Not Applicable  6. Name and Address of Current Registered Agent   7. Name and Address of Fourth Registered Agent   Name	Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc		MOORE CR2E	034 (11/03)		
Street Address of Current Registered Agent  7. Name and Address of New Registered Agent  ROTAN, MOHAMMED 16927 LAKESIDE AVENUE MONTEVERDE FL 34756  8. The above named crebty submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fronda. I am familiar with, and accept the obligations of registered agent.  8. (Chy FL Zip Code  8. The above named crebty submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fronda. I am familiar with, and accept the obligations of registered agent.  8. (SNATURE Symbolis bear agents agreed argueous agreement registable)  9/076. Registered Agent agents argued when entered the purpose of changing framoning front for the purpose of changing framoning from the first state of Fronda. I am familiar with, and accept the obligations of registered agent.  8. (SNATURE Symbolis bear agents argued agent agen	City & State				4. FEI Number 59-3180732	No	t Applicable		
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ROTAN, MOHAMMED 18927 LAKESIDE AVENUE  City  FL  Zip Code  City  City  City  City  FL  Zip Code  City  C		6. Name and Address of Curr	ent Registered Agent		Name	7. Name and Address of New Registe	red Agent		
## The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.  ### Summary Synchronization of registered agent.  ### Summary Synchronization of Product Interest of Registered agent.  ### COTE, Pregistered Agent segretary required when required synchronizations.  ### COTE, Pregistered Agent segretary required synchronizations.  ### Addition Contribution.  ### Addition C	16927 LAKESIDE AVENUE					(P.O. Box Number is Not Acceptable)			
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After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SOUTH OTHER	Signature typed or printed name of registered a	gent and title if applicable (NOT	TE Registered	i Agent signature require	od when reinstating) D	ATE		
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