2004 FOR PROFIT CORPORATION

FILED

ANNUAL REPORT					Jan 28	3, 2004	08:00 A
DOCUMENT # P94000025873 1. Entity Name BAY HARBOR, INC.							of State
Principal Place 18374 US HV FREEPPORT,	WY 331 S	Mailing Address 18374 US HWY 331 S FREEPPORT, FL 32439 US	; :		. . 1117 . 1118 . 1118 . 1118	MANUE SURMI RUCES URSUN	1822 11 EE Ee
DO NOT WRITE IN THIS SPA			CE	01212004 4. FEI Number 59-3233		CR2E034 (10	
	6. Name and Address of Current Re	gistered Agent	<u></u>			1.061	ednied
MCGILL, F 743 HWY 9 DESTIN, F		DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for the inner of registered agent.	,			n, in the State of Flor		r with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Signature, typed or printed name of registered agent and site Y applicable (NOTE, Registered State Y applicable (NOTE, Registered				.00 May Be	-	DATE	
10.	ÖFFIČERS AND DI	RECTORS	J.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARIS, ALBERT E 18374 US HWY 331 S FREEPORT, FL 32439				UCO000 01/28/04	0017315 - 80 031-00	2 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SMITH, LEROY JR 52 KENSINGTON LN DESTON, FL 32541						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAWES, GREGORY 8F113 CHUNGT SHAN N RD SEC 2, TAIPEI, 104 TAIWAN,		,	DO	NOT W	RITE	· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NELSON-PARIS, SHERRY L 18374 US HWY 331 S FREEPORT, FL 32439			IN٦	THIS SP	PACE	
TITLE NAME STREET ADDRESS						•	·· , ,

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(f), 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.

OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

JAN. 22, 2004

(850) 835-4153

Daytime Phone #