

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000005236

1. Entity Name
HYBRID INVESTMENT CORP.



Principal Place of Business
**9505 S.W. 136 ST
MIAMI, FL 33176**

Mailing Address
**9505 S.W. 136 ST
MIAMI, FL 33176**



07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0553639

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AJAGBE, AUGUSTINE O
9505 S.W. 136 ST
MIAMI, FL 33176**

**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

Signature, typed or printed name of registered agent and title if applicable.

AUGUSTINE AJAGBE

(NOTE: Registered Agent signature required when reinstating)

07/05/05

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

1000000372195

07/11/05-80022-006 558.75

10. OFFICERS AND DIRECTORS

| | |
|----------------|-----------------------|
| TITLE | DP |
| NAME | AJAGBE, AUGUSTINE O |
| STREET ADDRESS | 9505 S.W. 136TH ST. |
| CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE | DS |
| NAME | ALLE, OLUWOLE |
| STREET ADDRESS | 19170 NW 88TH CT |
| CITY-ST-ZIP | MIAMI LAKES, FL 33176 |
| TITLE | DS |
| NAME | AJAGBE, ADETUTU |
| STREET ADDRESS | 9505 S.W. 136 ST |
| CITY-ST-ZIP | MIAMI, FL 33176 |
| TITLE | D |
| NAME | ALLE, MARGRET A |
| STREET ADDRESS | 19170 NW 88TH CT |
| CITY-ST-ZIP | MIAMI LAKES, FL 33018 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUGUSTINE AJAGBE

07/05/05 (305) 477 7811

Date Daytime Phone #