

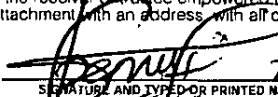


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 30, 2007 08:00 A
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	
DO NOT WRITE IN THIS SPACE			
		07252007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0553639	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AJAGBE, AUGUSTINE O 9505 S.W. 136TH ST. MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE U00000773045 08/30/07-80001-021 558.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ALLE, OLUWOLE 19170 NW 88TH CT MIAMI LAKES, FL 33176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS AJAGBE, ADETUTU 9505 S.W. 136 ST MIAMI, FL 33176		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLE, MARGRET A 19170 NW 88TH CT MIAMI LAKES, FL 33018		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  AUGUSTINE O. AJAGBE		08/08/07 (305) 4777811	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	