

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90231 047 ***150.00

DOCUMENT # P96000048602			
1. Entity Name CYBERSCAPE INTERNATIONAL CORPORATION			
Principal Place of Business 2450 NE 15TH AVE 304 FORT LAUDERDALE, FL 33305 US		Mailing Address 2450 NE 15TH AVE 304 FORT LAUDERDALE, FL 33305 US	
2. Principal Place of Business 8317 Boca Rio Dr Suite, Apt. #, etc.		3. Mailing Address 8317 Boca Rio Dr Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Boca Raton, FL	
Zip 33433		Country USA	
4. FEI Number 59-3382223		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DANIEL SOTO 3648 HENDERSON BLVD. TAMPA, FL 33609		7. Name and Address of New Registered Agent Name: Dan Soto Street Address (P.O. Box Number is Not Acceptable): 8317 Boca Rio Dr City: Boca Raton, FL Zip Code: 33433	
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: <u>Dan Soto</u> <u>April 15, 2004</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE S NAME SOTO, DANIEL STREET ADDRESS 3648 HENDERSON BLVD. CITY - ST - ZIP TAMPA, FL	<input type="checkbox"/> Delete	TITLE Soto, Daniel NAME 8317 Boca Rio Dr STREET ADDRESS Boca Raton, FL 33433 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME MACCLAREN, COLT STREET ADDRESS 5218 BEN WANT DR. CITY - ST - ZIP TAMPA, FL 33690	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Dan Soto</u> <u>April 15, 2004</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	