## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # P96000048602  1. Entity Name CYBERSCAPE INTERNATIONAL CORPORATION  |                                  |                         |  |  | 04-30-2004 90231 047 ***150.00 |                     |                       |  |  |  |  |
|---|----------------------------------|-------------------------|--|--|--------------------------------|---------------------|-----------------------|--|--|--|--|
| Principal Plac  | e of Business                    | Mailing Address         | <del></del>  |  |                                | UCERUEC             | 95                    |  |  |  |  |
| 2450 NE 15TH AVE 2450 NE 15TH AVE   |                                  |                         |  |  |                                |                     | _                     |  |  |  |  |
| 304 304<br>Fort Lauderdale, FL 33305 US Fort Lauderdale, FL 3   |                                  |                         | 305 US   | ·  |                                |                     | ŕ                     |  |  |  |  |
| TORS ENOUE  | ADALL, 11 33300 03               | TONT ENDDERDALE, TE 33. | 303 03   |  |                                |                     |                       |  |  |  |  |
| 2. Principal Place of Business 8317 Baco Rio Dv 8317 Bos  |                                  |                         | Rio D  | ) <u>(</u>                                     |                                |                     |                       |  |  |  |  |
| Suite, Apt. #; etc.   |                                  | Suite, Apt. #, ètc.     |  | 04102004                                       | Chg-P                          | CR2E034 (10/03)     |                       |  |  |  |  |
| City & Stat   | e                                | City & State            |  | 4. FEI Numb                                    | er                             | Ap                  | plied For             |  |  |  |  |
|   | ca Raton, FC                     | Boca Rato               |  | 59-338   | 2223                           | <del></del>         | Applicable            |  |  |  |  |
| 33433   | Country '                        | -33433 °                | ountry<br>(ISA+-   | 5. Certificate                                 | of Status Desired              | \$8.75 Add          |                       |  |  |  |  |
| 35.0  | 6. Name and Address of Current I |                         |  | 7. Name and                                    | Address of New R               | legistered Agent    |                       |  |  |  |  |
|   |                                  |                         | Name   | ~~~  | ahr                            |                     |                       |  |  |  |  |
| DANIEL, S<br>3648 HEN   | SOTO<br>DERSON BLVD.             |                         | Street Ad  | et Address (P.O. Box Number is Not Acceptable) |                                |                     |                       |  |  |  |  |
| TAMPA, F  |                                  |                         |  |  |                                |                     |                       |  |  |  |  |
|   |                                  | •                       | 83   | 17 BOU   | 810                            | 2                   |                       |  |  |  |  |
|   |                                  | •                       | City   | our Rai  | TON .                          | FL Zin Code         | 433                   |  |  |  |  |
| 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. |                                  |                         |  |  |                                |                     |                       |  |  |  |  |
| the duliga  | dons of registered agent.        | _                       | $\Omega$   |  |                                |                     | 1                     |  |  |  |  |
| SIGNATURE DOC. 546 Signature, typod or printed nagge of registered agent and Site if applicable. (INOTE: Registered Agent aignature required when reinstating) DATE  DATE   |                                  |                         |  |  |                                |                     |                       |  |  |  |  |
| FILE NOWILI FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be  Trust Fund Contribution. Added to Fees   |                                  |                         |  |  |                                |                     |                       |  |  |  |  |
| 10.   | OFFICERS AND                     | ····                    | 11.  |  |                                | ICERS AND DIRECTORS |                       |  |  |  |  |
| NAME  | SOTO, DANIEL                     | 40,40                   | LV4 E EC   | 2040'Da  |                                | (A) erange          | Addition              |  |  |  |  |
| STREET ADDRESS  | 3848 HENDERSON BLVD.             | STREET ADDRESS          | 8317 BOCB  | 150 Dr   |                                |                     |                       |  |  |  |  |
| CITY-ST-ZIP   | TAMPA, FL                        | -                       | City-ST-ZIP  | Boca Rat                                       | on, RC 33'                     | ч33                 |                       |  |  |  |  |
| TILE  | Р                                | ☐ Delete                | TIPLE  |  |                                | ☐ Change            | Addition              |  |  |  |  |
| MAME  | MACCLAREN, COLT                  |                         | NAME   |  |                                |                     |                       |  |  |  |  |
| STREET ADDRESS<br>City-St-ZIP   | 5218 BEN WANT DR.                |                         |  |  |                                |                     |                       |  |  |  |  |
| MLE   | TAMPA FI 33690                   | <b>4</b>                | STREET ADDRESS<br>CITY-ST-JIP  |  |                                |                     |                       |  |  |  |  |
|   | TAMPA, FL 33690                  |                         | ι  |  |                                | Change              | Addition              |  |  |  |  |
| NAME  | TAMPA, FL 33690                  |                         | CITY-\$1-ZIP   |  | -                              | Change              | Addition              |  |  |  |  |
| STREET ADDRESS  | TAMPA, FL 33690                  | ☐ Delete                | CITY-SI-JIP  TITLE NAME STREET ADDRESS   |  | •                              | Change              | ☐ Addition            |  |  |  |  |
| CITY-ST-ZIP   | TAMPA, FL 33590                  | ☐ Delete                | CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  |  | -                              |                     |                       |  |  |  |  |
| CHY-ST-ZIP  | TAMPA, FL 33590                  | ☐ Delete                | CITY-SI-JIP  THLE  NAME  STREET ADDRESS  CITY-SI-JIP  THLE   |  |                                | ☐ Change            | Addition  Addition    |  |  |  |  |
| CITY-ST-ZIP   | TAMPA, FL 33590                  | ☐ Delete                | CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP  |  |                                |                     |                       |  |  |  |  |
| CITY-ST-ZIP<br>TITLE<br>NAME  | TAMPA, FL 33590                  | ☐ Delete                | CITY-SI-JIP  TITLE  TITLE  TITLE  TRAME  TITLE  TRAME  |  | -                              |                     |                       |  |  |  |  |
| CHY-ST-ZIP  THILE  NAME  STREET ADDRESS  CITY-ST-ZIP  HILE  | TAMPA, FL 33590                  | ☐ Delete ☐ Delete       | CITY-SI-ZIP  THEE  NAME STREET ADDRESS CITY-SI-ZIP  THLE  NAME SIREET ADDRESS CITY-SI-ZIP  THLE  |  | -                              |                     |                       |  |  |  |  |
| CITY-ST-ZIP  INTLE NAME  STREET ADDRESS  CITY-ST-ZIP  HITLE NAME  | TAMPA, FL 33590                  | Delete                  | CITY-SI-ZIP THEE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME STREET ADDRESS CITY-SI-ZIP THLE NAME  |  |                                | Change              | Addition              |  |  |  |  |
| CHY-ST-ZIP  THILE  NAME  STREET ADDRESS  CITY-ST-ZIP  HILE  | TAMPA, FL 33590                  | Delete                  | CITY-SI-ZIP  THEE  NAME STREET ADDRESS CITY-SI-ZIP  THLE  NAME SIREET ADDRESS CITY-SI-ZIP  THLE  |  |                                | Change              | Addition              |  |  |  |  |
| CITY-ST-ZIP  INTLE NAME STREET ADDRESS CITY-ST-ZIP  HTLE NAME STREET ADDRESS  | TAMPA, FL 33590                  | Delete  Delete          | CITY-SI-JIP TITLE NAME STREET ADDRESS CITY-SI-JIP TITLE NAME STREET ADDRESS CITY-SI-JIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS      |  |                                | Change              | Addition              |  |  |  |  |
| CITY-ST-ZIP  INTLE NAME STREET ADDRESS CITY-ST-ZIP HITE NAME STREET ADDRESS CITY-ST-ZIP BILE NAME   | TAMPA, FL 33590                  | Delete  Delete  Delete  | CITY-SI-JIP  THEE  NAME =  STREET ADDRESS  CITY-SI-JIP  THEE  NAME  STREET ADDRESS  CITY-SI-JIP  THEE  NAME  STREET ADDRESS  CITY-SI-JIP  THEE  NAME |  |                                | ☐ Change            | ☐ Addition ☐ Addition |  |  |  |  |
| CITY-ST-ZIP  INTLE NAME STREET ADDRESS CITY-ST-ZIP HTLE NAME STREET ADDRESS CITY-ST-ZIP BILE  | TAMPA, FL 33590                  | Delete  Delete  Delete  | CITY-SI-JIP  THEE  NAME  STREET ADDRESS  CITY-SI-JIP  THEE  NAME  STREET ADDRESS  CITY-SI-JIP  THEE  NAME  STREET ADDRESS  CITY-SI-JIP  THEE         |  |                                | ☐ Change            | ☐ Addition ☐ Addition |  |  |  |  |

12. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i). Fonds Statutes. I further certary 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 eath; 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: | Dan  | SOR | 22_ | aei 15 | 12004           |
|------------|--|-----|-----|--------|-----------------|
|            | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR |     |     | Date   | Daytime Phone # |