2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000012773

1. Entity Name

DYBON CONFECTIONS EXTRAORDINAIRE, INC.



FILED
May 03, 2004 08:00 AN
Secretary of State

Principal Place of Business

Mailing Address

3140 SW 19 STREET

#559 PEMBROKE PARK, FL 33009

POST OFFICE BOX 1761 HALLANDALE, FL 33008

DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (10/03)

04222004

4. FEI Number 65-0726840

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

		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	Annicania Alore Constraint	\$0000 page 100	required when rematating)	- DATE
	Signature, typed or preside name of registerous agent and side i	appacable. (NO/E: Registered	-Gent signstore	Ledmico wileti (estatamid)	OA/E
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		 Election Campaign Finance Trust Fund Contribution. 	ing 🔲	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TOTAL NAME STREET ADDRESS CITY-ST-ZIP	PSTD BONDY, RICHARD P.O. BOX 1761 HALLANDALE, FL 33008			·	U00000149676 05/03/04-80156-019 150.00
THEE NAME STREET ADDRESS CHY-SI-ZIP					
TITLE NAME SIBFET ADDRESS CITY-ST-ZP			· ·		NOT WRITE
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HILLE NAME STREET ADDRESS CITY-ST-ZIP			·	*	• • • • • • • • • • • • • • • • • • •
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- Agree Agree 10 to 10 t	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1907(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 officer like empowered.					