## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

FILED
Apr.09, 2004 08:00 AM
Secretary of State

DOCU 1. Entity Nan CYBOR,		32			Secreta	ry of State
Principal Plac 1802 -7TH I TAMPA, FL	AVE	failing Address 1802 -7TH AVE TAMPA, FL 33605				
C	OO NOT WRITE I	03102004 No Chg-P CR2E034 (10/03)  4. FE) Number   Applied For   Not Applied For   Not Applicable  5. Certificate of Status Desired   \$8.75 Additional   Fee Required				
6. Name and Address of Current Registered Agent IAVARONE, CARMINE 1802 7TH AVE TAMPA, FL 33605			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 little if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE						
FILE NOWII! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			noing \$5.	.00 May Be ed to Fees	U00000107320 <u>04/09/04-8000</u> 9	3 -019 150.00
10.  YITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND DIRE ST IAVARONE, CARMINE J 1802-7TH AVE TAMPA, FL 33605	CTORS .				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	N. de (d) vol					
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 it 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.						