2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2008 8:00 am Secretary of State

421108 Date

Daytime Phone #

| DOCUMENT # P9700046600 1. Entity Name BEYOND CYBERWORLD INC | | | | | | | | | 05-01-2008 | 90219 0 | 22 ***15 | 50.00 |
|---|--|---|--|---|------------------------------------|---|--|---|--|--|---|--|
| Principal Place of Business 13610 SW 76 ST MIAMI, FL 33183 | | | | ailing Address 3610 SW 76 ST IIAMI, FL 33183 | | |) (11 0 710) (1 0 | | | 18 1 6 1118 86 118 81 | MITAL IN 1831 | |
| 2. Principal Place of Business - No P.O. Box # | | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | c | 04292008 | Chg-P | CR2E0 | 34 (12/06) | |
| City & State | | | (| City & State | | 4. | . FEI Numbe 65-0756 | | | | oplied For ot Applicable | |
| Zip | Country | | | Zip | try | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | | | | |
| 6Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| PAULHIAC | Name | | | | | | | | | | | |
| 13610 SW 76 ST MIAMI, FL 33183 | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | | · | | | | City | | · · · | | E1 | Zip Cod | le |
| | | | | | | 1 | | | • • | FL | | |
| 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 figure. SIGNATURE Signature vived or printed name of registered agent and title of applicable. (NOTE: Registered Agent signature required when revistating). DATE | | | | | | | | | | | | |
| - : - | Signature, wheel o | or printed name of registered ager | it and title i | appecable. (NO) | E: Hegistere | d Agent signature requ | amed whe | n reinstaung) | | DATE | | |
| | | FEE IS \$150.00 Fee will be \$550 | .00 | 9. Election Campa Trust Fund Conf | | | \$5.00 Added t | May Be to Fees | | | | |
| 10. | | OFFICERS ANI | DIREC | TORS | | | ADDITIONS/(| CHANGES TO OFF | ICERS AND | DIRECTOR | S IN 11 | |
| TITLE NAME STREET ADDRESS | D PAULHIAO 13610 SW | 76 ST | | ☐ Delete | | ET ADDRESS | | | | | ☐ Change | ☐ Addition |
| CITY-ST-ZIP | MIAMI, FL | 33183 | | | | -SI-ZIP | | | | | | |
| TITLE NAME | ES Delete TITT PAULHIAC, JACQUELINE NA | | | | | I | | | | | Change | Addition |
| STREET ADDRESS | 13610 SW | ET ADDRESS | | | | | | | | | | |
| CITY-ST-ZIP | MIAMI, FL | 33183 | | | CITY | -ST-ZIP | | | | | | |
| TITLE | | | | ☐ Delete | TITLI | | | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | | - | NAM STRE | ET ADORESS | | | | | - • | · •• |
| CITY-SI-ZIP | | | | | | ST-ZIP | | | | | | |
| TITLE | | • | | ☐ Deiele | TITLI | | | | | | ☐ Change | ☐ Addition |
| NAME | | | | | NAM | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | ET ADDRESS - ST-ZIP | | | | | | |
| TITLE | | | | ☐ Delete | TITL | | | | | | ☐ Change | Addition |
| NAME | | | | CT Desete | NAM | | | | - | | C CHENGO | / Notified |
| STREET ADDRESS | | | | | | ET ADDRESS | | | | | | |
| C!TY-\$1-ZIP | <u> </u> | | | | | -ST-ZIP | | | | | | <u> </u> |
| TITLE NAME | | | | ☐ Delete | TITU | II | | | | | Change | ☐ Addition |
| STREET ADDRESS |] | | | | | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | CITY | -ST-ZIP | | | | | | |
| 12. I hereby of indicated of the cor changed, | certify that the on this report poration or the or on an atta | information supplied witter supplemental report e receiver or trustee em chment with an address | th this fi is true a cowered with all | ling does not qualify for and accurate and that if to execute this report other like empowered | or the exi ny signa as requi | emptions contain ture shall have the red by Chapter (| ined in the sam 607, Fid | Chapter 119, ne legal effect orida Statutes | Florida Statules. I as if made under on and that my name | further cert bath; that I a appears in | ify that the in im an officer in Block 10 o | nformation or director r Block 11 if |