

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90068 016 ***150.00

DOCUMENT # P97000062264

1. Entity Name
OKYS GROUP, INC.



Principal Place of Business
10265 SW 145TH PL
MIAMI FL 33186

Mailing Address
10265 SW 145TH PL
MIAMI FL 33186

01010000



MOORE CR2E034 (11/03)

2. Principal Place of Business
14357 SW 97 Lane

3. Mailing Address
14357 SW 97 Lane

4. FEI Number **65-0774993** Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
Miami Florida

City & State
Miami Florida

Zip **33186** Country **USA**

Zip **33186** Country **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OKSANA, LEIVA
15032 SW 90 ST.
MIAMI FL 33196

Name
 Street Address (P.O. Box Number is Not Acceptable)
14357 SW 97 Lane
 City **Miami** **FL** Zip Code **33186**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIVA, OKSANA 7550 SW 153 CT #103 MIAMI FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEIVA, DOUGLAS 7550 SW 153 CT #103 MIAMI FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14357 SW 97 Lane Miami FL 33186	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
14357 SW 97 Lane Miami FL 33186	
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"/> Change <input type="checkbox"/> Addition
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: *Oksana Leiva* **Oksana Leiva** 4/1/04 (305) 205-1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #