

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-30-2004 90400 018 ***150.00

DOCUMENT # P97000097691

1. Entity Name
HYPO, INC.



Principal Place of Business
**115 N.W. 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33169**

Mailing Address
**115 N.W. 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33169**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite **One SE 3rd Avenue
Suite 3100**
City **Miami, FL 33131**
Zip

One SE 3rd Avenue
Suite 3100
Miami, FL 33131

4. FEI Number
65-0794211

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAHAR, SABY
115 N.W. 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33169

Name
Str **One SE 3rd Avenue**
Suite 3100
City **Miami, FL 33131**
FL Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **DVST** ☐ Delete
NAME **BEHAR, SABY**
STREET ADDRESS **115 NW 167 ST., STE 300**
CITY-ST-ZIP **N MIAMI BCH FL 33169**

TITLE ☒ Change ☐ Addition
NAME **One SE 3rd Avenue**
STREET ADDRESS **Suite 3100**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **DP** ☐ Delete
NAME **JARVIS, BRUCE R**
STREET ADDRESS **115 NW 167 ST., STE 300**
CITY-ST-ZIP **N MIAMI BCH FL 33169**

TITLE ☒ Change ☐ Addition
NAME **One SE 3rd Avenue**
STREET ADDRESS **Suite 3100**
CITY-ST-ZIP **Miami, FL 33131**

TITLE **DV** ☐ Delete
NAME **GRANVIL, TRACY**
STREET ADDRESS **115 NW 167 ST., STE 300**
CITY-ST-ZIP **N MIAMI BCH FL 33169**

TITLE ☒ Change ☐ Addition
NAME **One SE 3rd Avenue**
STREET ADDRESS **Suite 3100**
CITY-ST-ZIP **Miami, FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GRANVIL TRACY 4/27/04 305-654-1522