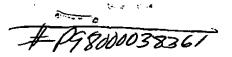
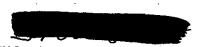
7/6/.

FILED Jul 15, 2004 8:00 am Secretary of State

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					Secretary of State 07-06-2004 90002 029 ****50.00
DOCUMENT # 1. Entity Name SYS SYVVUS (IV)	s and Asso	203836 Yales Ac Yonsultar	count	J /	07-15-2004 90002 037 ***100.00
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		3. Mailing Address			54062364
Suite, Apr. #, etc.		Suite, Apt. # etc.			DO NOT WRITE IN THIS SPACE
City & State LATON FL		Boar Giton Pl		PL PL	4. FEI Number Applied For Not Applicable
27000	PATMYBUN	22/201		Country Wh.	5. Certificate of Status Desired \$8.75 Additiona Fee Required
301-10	TALIFI DOLL	1 3301017	211		ne and Address of Current Registered Agent
Name S				tewart Sealin	
DO NOT WRITE IN THIS SPACE				Street Add	ess (P.O. Box Number lé Not Acceptable)
				CityDOC	e Paton FL 339488
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 an January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00			nd title if appli	cable. (NOTE: Regist	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11.				Trust Fund Contribution. Added to Fees	
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CITY:ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that th				TITLE NAME STREET ADDRESS CITY-ST-ZIP Ty for the exemption si	tated in Section 119.07(3)(i), Florida Statutes. I further
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the certify that the informas if made under oath	stion indicated on this i; that I am an officer o	report or supplem r director of the o	ental report prporation of	TITLE NAME STREET ADDRESS CITY-ST-ZIP If for the exemption si Is true and accurate a r the receiver or truste	tated in Section 119.07(3)(i), Florida Statutes. I further and that my signature shall have the same legal effect as empowered to execute this report as required by
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the certify that the informas if made under oath	stion indicated on this i; that I am an officer o	report or supplem r director of the o	ental report prporation of	TITLE NAME STREET ADDRESS CITY-ST-ZIP If for the exemption si Is true and accurate a r the receiver or truste	tated in Section 119.07(3)(i), Florida Statutes. I further and that my signature shall have the same legal effect

Ht fachment





20423 State Road 7 F-6PBMB 290 Boca Ration, FL 33498 561-483-6888 Tele. 561-483-0054 Fax

54062364

SKS and Associates

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To: Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Annual Report Notices

To Whom It May Concern:

Enclosed, please find a UBR for SKS and Associates Accounting Services and Financial Consultants, Inc. and we have enclosed a check in the amount of \$50. In reviewing the information on the internet, it was revealed to us that we were supposed to receive a postcard notifying the above named, of the filing requirements by May !.

Please note that the above named taxpayer did not receive said notification. Therefore, we are filing this protest and have enclosed, what would have been, the proper fee. Thanking you in advance.

Respectfully Submitted:

SKS and Associates



54062364

FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

July 8, 2004

SKS AND ASSOCIATES ACCOUNTING SERVICES AND FINANCIAL CO **20423 STATE ROAD 7, SUITE 6290 BOCA RATON, FL 33498**

Subject: SKS AND ASSOCIATES ACCOUNTING SERVICES AND FINANCIAL

Reference Number: **P98000038361**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$100.00.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/AS ANNUAL REPORTS SECTION