

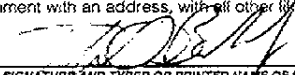


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000104573</b>			
1. Entity Name <b>HY-PAT CORP.</b>			
Principal Place of Business <b>8210 NW 27TH STREET MIAMI, FL 33122</b>	Mailing Address <b>8210 NW 27TH STREET MIAMI, FL 33122</b>		
<b>DO NOT WRITE IN THIS SPACE</b>			
		 01092004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>65-0883448</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>WHITE, DANIEL T ESQUIRE 1304 N.W. 98TH TERRACE GAINESVILLE, FL 32606</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, KEVIN 570 ARVIDA PKWY CORAL GABLES, FL 33156		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST THOMAS, BALES JR 9151 ARVIDA LANE CORAL GABLES, FL 33156		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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 title empowered			
SIGNATURE: 		January 12, 2004 305-716-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Thomas O. Bales, Jr.</b>		Date Daytime Phone #	