

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P99000042581

1. Entity Name

TIBSARK, INC.



Principal Place of Business

1881 WASHINGTON AVE. #16F
MIAMI BEACH FL 33139

Mailing Address

1881 WASHINGTON AVE. #16F
MIAMI BEACH FL 33139

2. Principal Place of Business

1881 Washington Ave
Suite, Apt. #, etc.
16F

3. Mailing Address

SAME

City & State

MIAMI BEACH, FL

Zip

33179

Country

USA

City & State

Zip

Country

6. Name and Address of Current Registered Agent

TIBI, ARNAUD B
1881 WASHINGTON AVE. #16F
MIAMI BEACH FL 33139

4. FEI Number

52-2175797

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

TIBI ARNAUD B.

Street Address (P.O. Box Number is Not Acceptable)

1881 WASHINGTON AVE #16F

City

MIAMI BEACH

FL

Zip Code

33139

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

Arnaud Tibi

(NOTE: Registered Agent signature required when reinstating)

DATE

02/02/04

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

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBI, ARNAUD B		NAME	
STREET ADDRESS	1881 WASHINGTON AVE. #16F		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARKISSIAN, JEAN-JACQUES G		NAME	
STREET ADDRESS	1881 WASHINGTON AVE. #16F		STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

SARKISSIAN JEAN-JACQUES

Feb 03/04 305 532 6472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #