


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90052 005 ***150.00


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
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2. Principal Place of Business 1881 Washington Ave Suite, Apt. #, etc. 16F	3. Mailing Address SAME.
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City & State Miami Beach FL	City & State
Zip 33179	Country USA

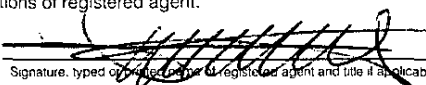
02016040



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent TIBI, ARNAUD B 1881 WASHINGTON AVE. #16F MIAMI BEACH FL 33139	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
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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 DATE: 02/02/04
(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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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	

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 4472
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #