

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-30-2004 90317 036 ***150.00

DOCUMENT # S11000

1. Entity Name
ALYSAB, INC.



Principal Place of Business
BOX N 4837
NASSAU, BAHAMAS, 00000-7000

Mailing Address
200 SOUTH BISCAYNE BLVD.
SIXTH FLOOR
MIAMI, FL 33131 US

54046314



04272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0226777

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRANT, BARRY
C/O BDPB
200 S. BISCAYNE BLVD., SIXTH FLOOR
MIAMI, FL 33131

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IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	LOURDIN, YVES
STREET ADDRESS	CHARLOTTE HSE. SHIRLEY ST
CITY-ST-ZIP	NASSAU BAHAMAS,
TITLE	VPD
NAME	LOURDIN, MATTY
STREET ADDRESS	CHARLOTTE HOUSE CHARLOTTE ST.
CITY-ST-ZIP	NASSAU, BA
TITLE	VP
NAME	BRANT, BARRY
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., 6TH FL
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 #