2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Jan 24, 2005 8:00 am Secretary of State **DOCUMENT # S84996** 01-24-2005 90051 018 ***150.00 **URYS CORPORATION** Principal Place of Business Mailing Address 2360 WEST 78 ST P.O. BOX 16048/7 HIALEAH, FL 33016 HIALEAH, FL 33016 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0310462 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Conzalo Armendariz Street Address (P.O. Box Number is Not Acceptable) --7831.W.26 AVE ... P.O. BOX 160487 HIALEAH, FL 33016 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE ☐ Detete TITI F Conzalo Armendariz NAME 7831 W 26 AVE. STREET ADDRESS STREET ADDRESS HIALEAH, FL 33016 CITY-ST-ZIP CITY-ST-ZIP VTD TITLE □ Delete ☐ Change ☐ Addition URIBE, ALBERTO NAME NAME STREET ADDRESS 2318 WEST 78TH STREET STREET ADDRESS CITY-ST-ZDP HIALEAH, FL 33016 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition URIBE, YVONNE NAME NAME STREET ADDRESS 2318 WEST 78TH STREET STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP ---TITL F ☐ Delete TITLE Change ☐ Addition ALBARRAN, MANUEL NAME NAME 2318 WEST 78TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIALEAH, FL 33016 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ISAIAS, ROBERTO NAME NAME STREET ADDRESS 2600 DOUGLAS RD., STE. 1004 STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-7IP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAMÉ 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 Clapter 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.

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Davime Phone #