


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2006 8:00 am**  
**Secretary of State**

01-25-2006 90032 022 \*\*\*150.00

<b>DOCUMENT # S84996</b>		
1. Entity Name <b>URYS CORPORATION</b>		

Principal Place of Business <b>2360 WEST 78 ST HIALEAH, FL 33016 US</b>	Mailing Address <b>P.O. BOX <del>160487</del> 160487 HIALEAH, FL 33016 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 160487</b> Suite, Apt. #, etc.
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City & State <b>Hialeah FL</b>	City & State <b>Hialeah FL</b>
Zip <b>33016</b>	Country <b>USA</b>



01162006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0310462</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>GONZALO, ARMENDARIZ 7831 W 26 AVE. P.O. BOX 160487 HIALEAH, FL 33016</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ DATE **1/16/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS GONZALO, ARMENDARIZ 7831 W 26 AVE. HIALEAH, FL 33016</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD URIBE, ALBERTO 2318 WEST 78TH STREET HIALEAH, FL 33016</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D URIBE, YVONNE 2318 WEST 78TH STREET HIALEAH, FL 33016</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ALBARRAN, MANUEL 2318 WEST 78TH STREET HIALEAH, FL 33016</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ISAIAS, ROBERTO 2600 DOUGLAS RD., STE. 1004 CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Isaias, Roberto 395 Giralda Ste 100 Coral Gables, 33134</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_ DATE **1/16/06** (305) 8260943

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR