


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90026 021 \*\*\*158.75

<b>DOCUMENT # V46409</b>	
1. Entity Name <b>C.Y.L. CORPORATION</b>	

Principal Place of Business <b>700 NW 183RD ST MIAMI FL 33169</b>	Mailing Address <b>700 NW 183RD ST MIAMI FL 33169</b>
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**94020580**



MOORE CR2E034 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>65-0349148</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>CHIN, LESLIE R</b> <del>8922 SW 150TH W CT CR</del> <del>MIAMI FL 33196</del> <b>700 N.W. 183rd St,</b> <b>Miami, FL, 33169-733169</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIN, LESLIE R	NAME	CHIN, LESLIE R.
STREET ADDRESS	<del>8922 SW 150TH W CT CR</del>	STREET ADDRESS	19360 S.W. 24 St.
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miramar, FL. 33029
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIN, DOROTHY Y	NAME	CHIN, DOROTHY Y.
STREET ADDRESS	<del>8922 SW 150TH W CT CR</del>	STREET ADDRESS	19360 S.W. 24 St.
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miramar, FL. 33029
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIN, CRAIG D	NAME	CHIN, CRAIG D.
STREET ADDRESS	<del>8922 SW 150TH W CT CR</del>	STREET ADDRESS	19360 S.W. 24 St.
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	Miramar, FL. 33029
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:**  **LESLIE R. CHIN** **01-30-04** **(305)652-1231**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #