

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90021 050 ***150.00

DOCUMENT # V65487 1. Entity Name PYM CORP.			
Principal Place of Business 412 SE 17TH ST FORT LAUDERDALE, FL 33316 US		Mailing Address 412 SE 17TH ST SUITE 364 FORT LAUDERDALE, FL 33316 US	
2. Principal Place of Business 6220 N.E. 21ST RD Suite, Apt. #, etc.		3. Mailing Address 6220 N.E. 21ST RD Suite, Apt. #, etc.	
City & State FT LAUDERDALE FL		City & State FT LAUDERDALE FL	
Zip 33308 Country USA		Zip 33308 Country USA	
4. FEI Number 65-0366381		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANTO, SALVATORE RICHARD 412 SE 17TH ST FORT LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name MANTO, SALVATORE RICHARD Street Address (P.O. Box Number is Not Acceptable) 6220 N.E. 21ST RD. City FT LAUDERDALE FL Zip Code 33308	
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: <u><i>Salvatore Richard Manto, Pres.</i></u> DATE: <u>1-20-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MANTO, SALVATORE R 412 SE 17TH ST FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete <i>Address Change</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MANTO, SALVATORE R 6220 N.E. 21ST RD FT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MANTO, CAROLE 412 SE 17TH ST FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete <i>Address Change</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS MANTO, CAROLE 6220 N.E. 21ST RD FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Salvatore Richard Manto P.</i></u> Date: <u>1-20-05</u> City/State/Phone #: <u>954-462-6050</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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