


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90002 026 ***150.00

DOCUMENT# P99000071152

1. Entity Name
PRIBASAHOLDINGCO.



Principal Place of Business Mailing Address

1925 BRICKELL AVENUE SUITE D206 1925 BRICKELL AVENUE SUITE D206
 MIAMI, FL 33129 MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE



02162004 NoChg-P CR2E034(10/03)

4. FEINumber
65-0942091

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MIMAICORPORATEREGISTRY
 1925BRICKELLAVENUESUITED206
 MIAMI,FL33129**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when instating) 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	S
NAME	BESU, ROGER
STREET ADDRESS	1925 BRICKELL AVENUE SUITE D206
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	DP
NAME	BARAKAT, PRICILAJ
STREET ADDRESS	C/O 1925 BRICKELL AVENUE SUITE D206
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	DV
NAME	SALEM-FROMKLE, SANTIAGO
STREET ADDRESS	1925 BRICKELL AVENUE SUITE D206
CITY - ST - ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE 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 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: Roger Besu 5-1-04 305-876-3633

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #