2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

604832 DOCUMENT #

1. Entity Name

WATSKY, MARTINEZ & COMPANY CPA'S, P.A.



FILED Mar 28, 2003 8:00 am § Secretary of State

03-28-2003 90079 029 ***150.00

					DD WE					
Principal Place of Business 777 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701			777 E. AL	Mailing Address 777 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701						
2. Principal Place of Business			3. Mailing	3. Mailing Address			1 100110 01111 00111 01601 1 4100 11			(8) 3 8 10 10 10 10 10 10 10 10 10 10
Suite, Apt. #, etc.			Suite, Ap	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Star	City & State			ate		4.	FEI Number 59-1538635		_ 	plied For t Applicable
Zip	(Country	Zip		Country	5.	Certificate of Status Desired		.75 Add Required	
	6. Name an	d Address of Curre	nt Registered Ag	jent		7.	Name and Address of New F	legistered Age	nt	
					Name					
MARTINE	z, jorge l`c	P.A.			TO CARTE A THE		AT 181 . P	`		
777 E. HI	GHWAY 436			Street Address			(P.O. Box Number is Not Acceptable)			
		FL 32701-4872				,				**
ALIAMON	TIE OFNINGS	FL 32/01-40/2								
					City				Zip Code	
	e named entity su tions of registere		t for the purpose o	of changing its re	egistered office or r	egistered ag	ent, or both, in the State of Fk	orida. I am fami	liar with, a	and accept
SIGNATURE	Signature, typed or pr	inted name of registered ag	ent and title if applicable	. (NOTE: I	Registered Agent signature	e required when re	ainstating)	DATE		
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.0 orida Department					9. Election Campaign Fir Trust Fund Contributio	~ —	\$5.00 Added	May Be to Fees
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Thereby certify that the information supplied with this litting does not quality for the exemption stated in Section 119.0/(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:

407-834-0777