FOR PROFIT CORPORATION

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UNIFORM BUSINESS REPORT (UBR)				Wiar 19, 2008 08:00	
DOCUMENT # P00000042780 1. Entity Name				S	ecretary of Sta
COOK INTERNATION	NAL TRADE & BROKE	ERAGE INC			
DO NOT WRITE IN THIS SPACE				U00000863843 04/03/09-80108-001 150.00	
2. Principal Place of Business 2320 3RD ST S STE 14 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number Applied For	
JACKSONVILLE BEACH, FL				59-3646593	Not Applicable
Zip 32250	Country	Zip	Country	5. Certificate of Status De	ssired \$8.75 Additional Fee Required
			7. Nam Name	e and Address of Cur	rent Registered Agent
DO NOT WRITE			COOK, DANIE		
	N THIS SP		Street Addr 10 SAN JUAN	ess (P.O. Box Number CIRCLE	is Not Acceptable)
				2 - Kin	и
			City PONTE VEDR	A REACH	FL Zip Code
8. The above named	l entity submits this st	atement for the purpo	se of changing its reg	istered office or register	ed agent, or both, in the
State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE					
Signati	ıre, typed or printed name of	registered agent and title if a	pplicable. (NOTE: Regist	ered Agent signature required v	when reinstating) DATE
January 1 - May 1 Fee Is \$150.00 After May 1 Fee Is \$550.00 Amended UBR Is \$61.25 Make Check Rayable to Florida Department of State				9. Election Campaign Fina Trust Fund Contribution	
10.	OFFICERS AN	D DIRECTORS	11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOK, DANIEL P. 10 SAN JUAN CIRCI PONTE VEDRA BEA		NAME STREET ADDRESS CITY-ST-ZIP		The second of th
TITLE NAME			TITLE		
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TITLE			LECITY-ST-ZIP		
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CITY-ST-ZIP "	,	TOCHE!	CITY-ST-ZIP	THE RUUN	OTWRITE
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TITLE			TITLE COMMUNICATION		
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CITY-ST-ZIP TITLE			CITY-ST-ZIP		
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 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 on an attachment with an address, with all other like empowered.					
SIGNATURE: SIGNA	TURE AND TYPED OR F	DANIEL P. CO	OK NING OFFICER OR DIRI	ECTOR Date	904 242-2944 Daytime Phone #