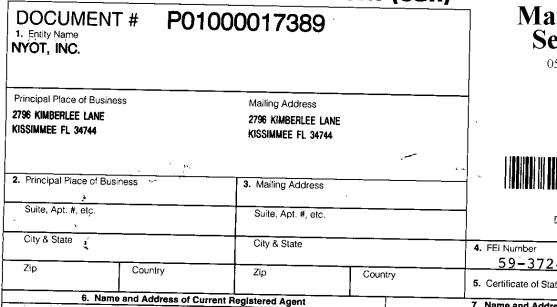
2002 UNIFORM BUSINESS REPORT (UBR)

P01000017389

FILED May 27, 2002 8:00 am & Secretary of State 05-27-2002 90343 004 ***150.00



Principal Place of Business 2796 KIMBERLEE LANE KISSIMMEE FL 34744			Mailing Address 2796 KIMBERLEE LANE KISSIMMEE FL 34744					î î d îjîdî kir e tilî kirk doke bek	il Gerri Agrar &	l ä ll E taan eli	2 2 (8)18 (9)2 (88)
2. Principa	Il Place of Business	3. Mailing Address				189					
Suite, Apt. #, etc.			Suite, Apt. #, etc. City & State				DO NOT WRITE IN THIS SPACE				
Zip Country						4.	59-3724736		⊢ —	Applied For Not Applicable	
Σ.β	Country		Zip	Cour	Country		5. (Certificate of Status Desired	\$8.75 Additional		
	6. Name and Address o	f Current Re	egistered Agent		,		7. P	Name and Address of New R		Fee Requ	ired
510 50	***************************************				Name		····	Turne Blid Address of New M	gistered	gent	
	BERT JESQ	Street Address			Address (P.	s (P.O. Box Number is Not Acceptable)					
	SE AVE STE 1 LEGAL ARTS EE FL 34742-1845 "	S BUILDING	3				J. D	DOX Number is Not Acceptable)		
								<u> </u>			
				_	City				FL	Zip Co	ode
8. The abov	re named entity submits this sta	tement for th	ne purpose of changing its	registere	ed office o	r registered	age	ent, or both, in the State of Flor			
9. This corp	Signature, typed or printed name of regis poration is eligible to satisfy its I requirement and elects to do s	ntangible	FILE NOW!	!! FEE	IS \$150.	ure required whe	en rei	instating) 10. Election Campaign Fina	DATE		
(See crite	eria on back)	X	After May 1, 200 Make Check Payab)2 Fee v le to De	will be \$5 partmen	50.00 t of State		Trust Fund Contribution	ncing	\$5. : Adde	00 May Be ed to Fees
11.	OFFICE	RS AND DIF	RECTORS	12.			ADE	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	20 IN 11
TITLE NAME	D Gosuwin, Noya		☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	2796 KIMBERLEE LANE KISSIMMEE FL 34744			~	T ADDRESS ST-ZIP					on.unge	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSUWIN, OTIS 2796 KIMBERLEE LANE KISSIMMEE FL 34744		☐ Delete	TITLE NAME	T ADDRESS					Change	☐ Addition
TITLE			□ Delete	TITLE	-						
NAME STREET ADDRESS CITY-ST-ZIP	والمراجع المعتمل المعت	· 	- 3 =	NAME STREET CITY-S	ADDRESS T-ZIP	Part et 👼	7-7	a tam grand or constraint		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	<u> </u>			[Change	☐ Addition
NAME NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET CITY-SI	ADDRESS I-ZIP				- [Change	Addition
ITLE IAME TREET ADDRESS ITY-ST-ZIP 3. hereby ce	ertify that the information supplies	od with this	☐ Delete	CITY-ST] Change	☐ Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

413010a

407-344-9247