


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90463 002 ***150.00

DOCUMENT # PO1000085500
1. Entity Name LOAD systems of America, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1051 NE 86 st
Suite, Apt. #, etc.

3. Mailing Address
1051 NE 86 st
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami FL City & State Miami FL 33138 4. FEI Number 65-1133803 Applied For Not Applicable

Zip 33138 Country USA Zip 33138 Country USA 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name AARON S RABIN
Street Address (P.O. Box Number is Not Acceptable) 1051 NE 86 st
City Miami FL Zip Code 33138

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 AARON S RABIN, Pres [Signature] DATE 3-12-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	<u>President</u>	TITLE	
NAME	<u>AARON S RABIN</u>	NAME	
STREET ADDRESS	<u>1051 NE 86 st</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Miami, FL 33138</u>	CITY-ST-ZIP	
TITLE	<u>Vice President</u>	TITLE	
NAME	<u>Stephen W. HARRIS</u>	NAME	
STREET ADDRESS	<u>1375 Kinkaid Avenue</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>West Chester, PA 19380</u>	CITY-ST-ZIP	
TITLE	<u>Treasurer - PAM RABIN</u>	TITLE	
NAME	<u>1051 NE 86 st</u>	NAME	
STREET ADDRESS	<u>Miami FL 33138</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 an office like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)