

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90307 009 \*\*\*150.00

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**DOCUMENT #** P01000097873

1. Entity Name  
C. H. FERRARI, INC.



Principal Place of Business  
~~3801 N FEDERAL HWY~~  
~~POMPANO BEACH FL 33064~~

Mailing Address  
~~3801 N FEDERAL HWY~~  
~~POMPANO BEACH FL 33064~~



2. Principal Place of Business  
3628 DUNES DRIVE  
Suite, Apt. #, etc.

3. Mailing Address  
7777 GLADES ROAD  
Suite, Apt. #, etc.  
209

City & State  
POMPANO BCH, FL BOCA RATON, FL

Zip Country  
33069 U.S. 33434 U.S.

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
~~MAHONEY, ROBERT F CPA~~  
~~3801 NORTH FEDERAL HIGHWAY~~  
~~POMPANO BEACH FL 33064~~

7. Name and Address of New Registered Agent  
Name: ROBERT F. MAHONEY, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
7777 GLADES ROAD  
SUITE 209  
City: BOCA RATON FL Zip Code: 33434

4. FEI Number 65-1140396 Applied For Not Applicable

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

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:  ROBERT F. MAHONEY, P.A. DATE: 2/10/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2003 Fee will be \$550.00  
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	P	<input checked="" type="checkbox"/> Delete
NAME	FERRARI, CHARLES	
STREET ADDRESS	3801 N FEDERAL HWY	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRARI, CHARLES	
STREET ADDRESS	3628 DUNES VISTA DRIVE	
CITY-ST-ZIP	POMPANO BCH, FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  CHARLES FERRARI DATE: 2/10/03 DAYTIME PHONE #: 954-615-0561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)