

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

80124428

<b>DOCUMENT # P02000025825</b> 1. Entity Name <b>INFRASTRUCT, INC.</b>		
Principal Place of Business <del>2801 N FEDERAL HWY</del> <del>POMPANO BEACH, FL 33064</del>		Mailing Address <del>2801 N FEDERAL HWY</del> <del>POMPANO BEACH, FL 33064</del>
2. Principal Place of Business <b>7777 GLADES RD</b> Suite, Apt. #, etc. <b>SUITE 209</b>		3. Mailing Address <b>7777 GLADES RD</b> Suite, Apartment <b>SUITE 209</b>
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>
Zip <b>33434</b>	Country <b>U.S.</b>	4. FEI Number <b>03-0397508</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable
6. Name and Address of Current Registered Agent <del>MAHONEY, ROBERT F</del> <del>2801 N FEDERAL HWY</del> <del>POMPANO BEACH, FL 33064</del>		7. Name and Address of New Registered Agent Name <b>ROBERT F. MAHONEY, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>7777 GLADES RD</b> <b>SUITE 209</b> City <b>BOCA RATON</b> FL Zip Code <b>33434</b>
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 <b>ROBERT F. MAHONEY, P.A.</b> DATE <b>5/29/03</b> <small>(NOTE: Registered Agent signature required when resigning)</small>		
FILE NOW WITH FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to: Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE <input type="checkbox"/> Delete NAME <b>D HERBERT, THOMAS</b> STREET ADDRESS <b>5001 N FEDERAL HWY</b> CITY-ST-ZIP <b>BOCA RATON, FL 33064</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>D THOMAS HERBERT</b> STREET ADDRESS <b>7777 GLADES RD, STE 209</b> CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>	
TITLE <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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"/> Delete 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 to an address, with all power like empowered. SIGNATURE <b>Tom HERBERT</b> DATE <b>5/29/03</b> <b>954-444-9140</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		

CPRE034 (10/02)