FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# OMEZONE INTERNATIONAL GOAL

P03000073493

FILED May 26, 2004 8:00 am Secretary of State

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2. Principal Place of Business 1 >7 DEVILLED RIVE	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
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					7. Name and Ad	dress of Current	Registered Age	ent
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	DO NOT W	RIIE		Street Address	(P.O. Box Number	is Not Acceptable)	
	IN THIS, SP	ACE		1271	DEVIlle	DNIE		
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8. The above named er	ntity submits this statement fo	r the purpose of changing	its registere	ed office or registe	ered agent, or both	in the State of Flo	rida. I am famili	ar with, and accept
the obligations of reg	gistered agent.	==						
SIGNATURE	* ~					MA	417 DATE	2004
 Signature, type 	ped or printed name of registered agent a	and title if applicable. (N	OTE: Registered	l Agent signature require	ed when reinstating)		DATE	
After Ma Amend	May 1 Fee is \$150.00 y 1, Fee is \$550.00 ed UBR is \$61.25 to Florida Department of	State				ion Campaign Fina Fund Contribution	~ —	\$5.00 May Be Added to Fees
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2004 850-581-0266