FOR PROFIT CORPORATION

May 29 2002 8.00 at

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000 40413 1. Entity Name							Secretary of State				
							05-28-2002 91760 046 ***158.75				
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1850		100 267H ST	3. Mailing Address /850 N.E	26 ^{7#}	S7.						
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.					DO NOT W	RITE IN THIS SP	ACE	
WILT	ite MA	MIRS, FL	City & State WILTON M			4 . F	El Number	5-06	90545	Applied For Not Applicable	
Zip 3	3305	Country USA	Zip 33365	Country	SA	5. 0	Certificate of S	tatus Desired	X \$	8.75 Additional see Required	
					7. Name and Address of Current Registered Agent						i
	_	- NOT 11	,	Name JAYSON V. BABOOLAL.						==	
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*# The above			5			MA		 -	FL	Zip Code 33319	
. The above	е пагнес енцу	submits this statement	for the purpose of changing its	registered o	ffice or regis	stered age	ent, or both, in	the State of F	florida.		
SIGNATURE	Signature, typed o	or printed name of registered ager	nt and title if applicable. (NOT	E: Registered Age	int signature requi	uired when rei	nstating)		DATE	·	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May After May 1. Amended I Make Check Payable					550.00 61.25			Campaign Fund Contribut	~ —	\$5.00 May Be Added to Fees	
11.		OFFICERS AND		ne to Deba	unent of 3	state					
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NAME STREET ADDRESS	JASMI	NE PUNSA	MY	NAME STREET AD	Darce					.	
CITY-ST-ZIP	LAUS	NE PUNSA NW SETH BRITICL, PL	ANE ATTZZ	CITY-ST-Z	1	· 8#	, DO	NOT	WRIT	E2-2-2-	
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CITY-ST-ZIP	LAMBO	SRAILL, FL	\$3 3 /3	CITY-ST-Z							
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NAME STREET ADDRESS				NAME STREET ADD	PRESS					0.5	

13. 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 frue 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 Bioculat or an attachment with an address, with all other like impowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAYSON BABURAL 5/20/02