FILED Mar 19, 2003 8:00 am

2003 FOR PROFIT CORPORATI

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DOCU 1. Entity Nar BEYOND	2			Secretary of State 03-19-2003 90144 039 ***150.00								
Principal Place of Business 1730 SW 23 TERRACE FT LAUDERDALE FL 33312			Mailing Address 1730 SW 23 TERRACE FT LAUDERDALE FL 33312				1 (82	H IB 1 11 8 (811 8 (811)	B (1) 88)(; 88 (()	Bārā (1404 (188 4)	PELLO (10) 1001	
2. Principal F	Place of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number Applied Fo						
Zip Country			Žip	intry		5. Certificate of Status Desired See Required						
	6 Name	and Address of Current	Pegistered Agent		1		7 Nome o	nd Address of Nove	Declarat		u .	
	o, diane 23 terrac	E	Tregistated Agent	Jacob Agent			7. Name and Address of New Registered Agent The Diane Papure 10					
FT LAUDE	erdale fl	33312		City				FL	Zip Cod	e		
the obligat	tions of regist	or printed name of registered agent			red office or i			ooth, in the State of F	lorida. I am	familiar with,	and accept	
Afte	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o	f State			,	Election Campaign F Trust Fund Contributi	~ _		0 May Be to Fees		
10.		OFFICERS AND	DIRECTORS	11.	•		ADDITION	S/CHANGES TO OF	FICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		.O, DIANE 23 TERRACE RDALE FL 33312	□ Đ	NAI STF	i i					☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip			□ De	NAM STR					,,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAA STR		· ^ ==================================	ngaringan pa	~ · · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		.,	□ De	elete TITL NAA STR	.E					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De	NAM STR						Change	Addition	
TITLE NAME STREET ADDRESS DITY-ST-ZIP			□ De	NAM STR						☐ Change	Addition	

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:

954(816)-5662 Daytime Phone #

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