FILED

Jul 18, 2003 8:00 am Secretary of State

03-21-2003 90124 048 ***150.00

2003 FOR PROFIT CORPORATION "UNIFORM BUSINESS REPORT/(UBR)

DOCUMENT# P02000094991

I. EILILY NAII		SERVICES, INC.		رز	/			}				
EGO , ILL		JE1111020, 1110.		V				}				
Principal Place of Business				Mailing Address			Ī	55051610°				
8181 NW 367 MIAMI FL 331		1008	8181 NW 36TH ST., SUITE 1008 MIAMI FL 33166				. !	33031010				
	•											
2. Principal F	Place of Busin	ness	3. Ma	iling Address		·] [
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF				
City & State			City & State					4. FEI Number 37-1439 505 Applied F. Not Applied F.				oplied For ot Applicable
Zip Country			Zip Co		Cour	ntrv/		5 Certificate of Status Desired Status Desired Status Desired				
6. Name and Address of Current			Register	Registered Agent				7. Name and Address of New Registered Agent				
						-Name-						
	ĴEZ, LEMAY					Street Address (P.O. Box Number is Not Acceptable)						
	-	SUITE 1008		. •		<u> </u>						
MIAMI FL	33 100					City					Zip Cod	
<i></i>										FL		
	named entitions of record	Start agent	r the purp	oose of changing it	s register	ed office or	registere	ed age	ent, or both, in the State of Florid	da. I am fa	amiliar with,	and accept
SIGNATURE	EN	NONOE							. 0	7-/S	03	
SIGNATURE	Signature, typed	our med name of registered agent	and title if app	olicable. (NO	TE: Registere	d Agent signatu	re required	when rei	sinstating)	DATE		
		! FEE IS \$550.00							9. Election Campaign Final	neina	\$5.0	0 May Be
		, 2003 Fee will be \$750 Florida Department o						}	Trust Fund Contribution.			to Fees
10.		OFFICERS AND		DRS	11.				 DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
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12. I hereby certify that the information supplied with this filling 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 transfer 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 of the corporation or the receiver of the 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 the corporation of the corpo

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

Gnature required

07-/5-03

3052164650

Affachment

3/21/2003-90124-048-\$150.00-\$150.00

UN	IFORM BUSINE	SS REPOR	T (UB	R)	3/2		30		
1. Entity Nan		0094991	T)						
	ce of Business It ST., SuiTE 1008 66	Mailing Address 6181 NW 36TH ST., SUITE MIAMI FL 32166	E 1008		5505	SIUR			
2. Principal I	Place of Business	3. Mailing Address							
Suite, Apt	. #, etc.	Suite, Apt etc.		•	CHECK HERE IF MAKING CHANGES				
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Zip	Country	Zip	Country	. — · · · · · · · · · · · · · · · · · ·			iditional ed	7	
Santana Euro	8. Name and Address of Current F	legistered Agent			7. Name and Address of New Registered Agent				
FERNAND	EZ, LEMAY		Stree		Box Number is Not Acceptable)				
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	a named entity submiss in the same ment for tions of recognized and the same of recognized games.	lung	·	or registered a	gent, or both, in the State of Florida.	I am familiar with,	and accept		
. Afte	IDE NOW!!! FEE IS \$150,00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			9. Efection Campaign Financin Trust Fund Contribution.		O May Be		
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of the car	ertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attechment with an address, with an endorse, with the order of the control of the contro	tie and accurate and that my ered to execute this report as	z Stonali Po Shau	have the tame i	east ellect se il made under catho ils.		a disa asa - t	j	
SIGNAT		RE REQUIR	A DIALETON		Cate	Deyerre Prone P			