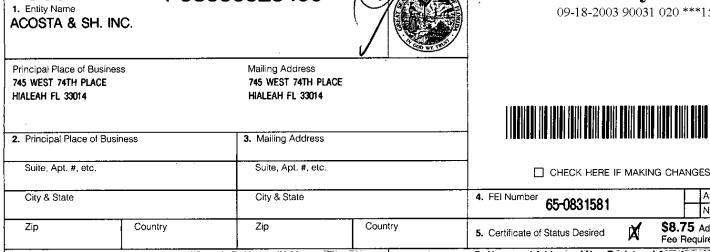
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000025499



FILED Sep 18, 2003 8:00 am Secretary of State

09-18-2003 90031 020 ***158.50



r	65-0831581	Applied For
		Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHIHADA, ROSA ACOSTA Street Address (P.O. Box Number is Not Acceptable) 745 WEST 74TH PLACE HIALEAH FL 33014 City Zip Code

3. '	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
.1	the obligations of registered ക്യൂള്ബ്.	

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

SIĞNATURE

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Change TITLE ☐ Delete TITLE SHIHADA, ROSA ACOSTA NAME STREET ADDRESS 745 WEST 74TH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME SHIHADA, HASAN STREET ADDRESS STREET ADDRESS 745 WEST 74TH PLACE CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33014 ☐ Delete Change ☐ Addition TITLE TIŤLÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE. Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

94achment# 56149681 P98000005499

SERT 16, 2003

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DLEASE TAKE THIS OND CONS. DENTITION AND RENEW MY CONFORTION

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Tholy yours