FIL ED

			S REPOR)	Apr 28, 2003 8:00 am
DOCU 1. Entity Nam DAVID DE	152152 PANY, INC.	•			Secretary of State 04-28-2003 91434 034 ***150.00	
Principal Place of Business 8033 BISCAYNE BLVD MIAMI FL 33138			Mailing Address 8033 BISCAYNE BLVD MIAMI FL 33138			
		Highway	3. Mailing Address Suite, Apt. #, etc.	-DIXR AN	phusa	
Fity & Stat	1000y		City State	Country	- 1	4. FEI Number 59-0571888 Applied For Not Applicable 5. Certificate of Status Desired Status Des
MIAMI, FL N. MIAMI 8. The above	6. Name and Ad ID CAYNE BLVD BEACH FL 33138	Idress of Current Re		Name Strong A	DA: Da: ddiess (P.C P.I R.Id	7. Name and Address of New Registered Agent De Box Number is Net Acceptable) FL. 250 agent, or both, in the State of Florida. I am familiar with, and accept
Afte	ILE NOW!!! FEE r May 1, 2003 Fee			PRE1 0 K		9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST DEE, DAVID 8033 BISCAYNE MIAMI FLA 33138		☐ Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 AChange Addition No. Dixe Heahway ywood Fl 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	'	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLE NAME	سيانون	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS	•	` ☐ Change ☐ Addition

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 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 employered 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 ampowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TIPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

954, 924, 192.2.5 Daytime Phone #

☐ Change

☐ Addition