2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

	IIFORM BUSIN		RT (UBR)	Secretary of State
1. Entity Nan	IMENT # 19966 me ECH, INC.	i5		04-10-2003 90447 001 ***300.00
Principal Place of Business 7635 WEST SECOND COURT HIALEAH FL 33014-1305		Mailing Address 7635 WEST SECOND COURT HIALEAH FL 33014-1305		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Stat		City & State		4. FEI Number 59-0802345 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current	i Registered Agent	Name	7. Name and Address of New Registered Agent
88 NE 168 ST				ess (P.O. Box Number is Not Acceptable)
N MIAMI B	BEACH FL 33162		City	FL Zip Code
	e named entity submits this statement futions of registered agent. Signature, typed or printed name of registered agent		ts registered office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept quired when reinstating) DATE
After	FILE NOW!!! FEE IS \$150.00 ir May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o	L L		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
STREET ADDRESS	P BUZZELLA, STEPHEN P 8431 NW 193 LANE MIAMI FL 33015	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME	VP BUZZELLA, RICHARD J 7316 JACARANDA LANE HIALEAH FL 33014	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZÍP	2	Delété Delété	TITLE———————————————————————————————————	Change Addition
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 STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delcte	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the corr	on this report or supplemental report is poration or the receiver or trustee emp., or on an attachment with an address,	is true and accurate and that powered to execute this report	my signature shall have to tas required by Chapter of d.	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

GNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BUZZELLA

4/2/03

305-823-2323

Daytime Phone #

CB9E034 (10/0