2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

3/3

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

1. Entity Name		26023 ORPORATION	57 _.	•				03-03-20	003 90	426 0	016 **	**150.00	
Principal Place of Business 4775 NW 132 STREET BAY 2 OPA LOCKA FL 33054 2. Principal Place of Business Suite, Apt. #, etc. City & State			4775 I BAY 2	Mailing Address 4775 NW 132 STREET BAY 2 OPA LOCKA FL 33054 3. Mailing Address Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
			3. Mail										
			Suite										
			City	City & State			4. F	E0_007094E				oplied For ot Applicable	}
Zip	Zip Country		Zip C		Cour	Country		Certificate of Status Desired			75 Add Required]
	6. Name an	d Address of Current	Registere	d Agent	1		7. 1	Name and Address of New Re	gistered	Agent	1		1
-						Name							1
CORPORATE INTERNATIONAL REGISTERED AGENTS, 200 SOUTH BISCAYNE BOULEVARD						Street Address (P.O. Box Number is Not Acceptable)					1		
#4100 Miami fl.:	22121					City				1 7	ip Code		-
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8. The above the obligati	named entity su tions of registere	ubmits this statement for d agent	or the purp	ose of changing its	s register	ed office or reg	gistered age	ent, or both, in the State of Flor	ida. I an	n familia	ar with,	and accept	
SIGNATURE .	Signature, typed or pi	rinted name of registered agent	t and title if and	(NO3	T. D. datas				DATE				
	•	independent of together our again	(REBUTING II STATE	ecaces. (INC)	E: Hegestere	ed Agent eignature re	er nertw behiups	einstating)	DATE				
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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 chapter 607 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #