2003 FOR PROFIT CORPORATION

SIGNATURE: Z

FILED Feb 21, 2003 8:00 am Secretary of State 02-21-2003 90236 020 ***150.00

22 N. E. HIN AVENUE 172. N. E. HIN AVENUE 172. N. E. PRINCIPAL PLACE FL. 33311-7225 US SURG. ADJ. 4. etc. City & State City & FL City		-			
Mailing Address Mailing Addr		<i>,</i>		10025231	
Sure, Apt. 4, etc. Sure,	234 NE 4TH AVENUE T. Lauderdale FL 33311-7235	1234 NE 4TH AVENUE FT. LAUDERDALE FL 3331	11-7235		
City & State City & State City & State Country Countr	Principal Place of Business	3. Mailing Address		- E Manii: Afair an an 1100 iili) eldil lant aton prati bean arah anah	#1931 18 0 0
City & States City & States City & States City & States Street Address of Current 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptable of epiglishered agent. City FL Zip Code The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar	Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
S. Name and Address of Current Registered Agent 6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name GLASSER, ELAINE G. 708 NE 20TH DRIVE WILTON MANORS FL 33305 City City FL Zip Code City FL ADDITIONS/Changer is Not Acceptable) City FL Zip Code Added copies Added copies State Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Added copies City FL Zip Code Added copies Added copies Added copies City FL Zip Code Added copies City St Zip City City FL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 City St Zip City S	City & State	City & State		1 4. FET 140 HOSE FOL 1200 201	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLASSER, ELAINE G. GLASSER, ELAINE G. City FL Zip Code City City City City City City City City	Zip Country	Zip	Country*	5. Certificate of Status Desired See Required	onal
GLASSER, ELAINE G. 708 NE 20TH DRIVE WILLTON MANORS FL 33305 City FL Zip Code Cott City FL		Registered Accept	<u> </u>		
The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATURE GNATU	5. Name and Address of Current	Haftisten where	Name		
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. City			Street Address	(P.O. Box Number is Not Acceptable)	
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 the obligations of registered agent. IGNATURE Purpose or princed name of registered agent and tale if applicable. (NOTE Registered Agent acceptance required when remataling) DATE			City	Zip Code	
The obligations of registered agent. Signature September agent agen	·		1 ' '	·	
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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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes and the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iiii).	TILE AME TIREET ADDRESS TITY-ST-ZIP TITLE TITLE TRAME TITREET ADDRESS TITY-ST-ZIP TITLE TAME TITLE TIT	Delete Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition