2003 FOR PROFIT CORPORATION

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C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plonta. I am familiar with, and accept the chill glicitors of registered agent, street agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and accept the child glicitors of registered agent, or both, in the State of Plonta. I am familiar with, and ac		: 1 ´ I			(6H_	5. Certificate of Statu	s Desired			
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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	CITY-ST-ZIP			ľ						
	12. I hereby o	certify that the information supplied with the	nis filing does not qualify for the	e exemption stat	ed in Sec	tion 119.07(3)(i), Florid	a Statutes. I further co	ertify that the in	formation	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 changed, or on an attachment with an address, with all ether like empowered.

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