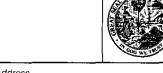
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) 491980

DOGUMENT #



FILED
Feb 03, 2003 8:00 am \$ \$ Secretary of State

COMP-All		E CO.			02-03-2003 90125 007 ***158.75
Principal Place of Business 13195 N.W. 38TH AVE MIAMI FL 33054		5	Mailing Address 13195 N.W. 38TH AVE MIAMI FL 33054		
	a .V				
2. Principal Place of Business			3. Mailing Address		T 1884HI DEBUK TOKOL ELDEN KODE KODE KODE BODE BEDEK OLDEK
Suite, Apt. #, etc.			Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State			City & State		4. FEI Number 59-1629783 Applied For Not Applicable
Zip		Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
OLESKY,LARRY J.					
13195 NW 38 AVENUE				Street Addres	s (P.O. Box Number is Not Acceptable)
MIAMI FL 33054					
				City	FL Zip Code
	e named entity tions of regist		or the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed	or printed name of registered agen	t and title if applicable. (NOTE	: Registered Agent signature requ	ired when reinstating) DATE
Afte	r May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00 Florida Department			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	1	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OLESKY,L 13195 N.W MIAMI FL	arry J. 7. 38th avenue	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ATHLEEN R. 7. 38TH AVENUE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		e e e e e e e e e e e e e e e e e e e	≈≈≥ [∞] «Delele	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			☐ 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

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 changed, or on an attachment with any address, with all other the propowered.

SIGNATURE:

Date

Daytime Phone #