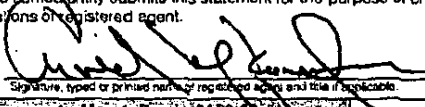
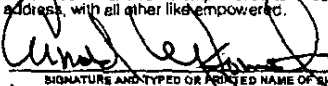


FILED
May 22, 2003 8:00 am
Secretary of State

04-30-2003 90130 039 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name 610027			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 17027 W. DIXIE HWY. Suite, Apt. #, etc. 126 City & State N. MIAMI BEACH		3. Mailing Address SAME AS NO. 2 Suite, Apt. #, etc. City & State FL.	
Zip 33160	Country USA.	Zip	Country
4. FEI Number 59-1881670		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name ARNOLD LEFKOWITZ			
Street Address (P.O. Box Number is Not Acceptable) 17027 W. DIXIE HWY.			
SUITE 126			
CITY N. MIAMI BEACH		FL	Zip Code 33160
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 Florida. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE 		DATE 4-28-2003	
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering.)		DATE	
9. Election Campaign Financing Trust Fund Contribution, ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE PRES.	NAME ARNOLD LEFKOWITZ	TITLE	NAME
STREET ADDRESS 17027 W. DIXIE HWY SUITE 126	STREET ADDRESS N. MIAMI BEACH FL. 33160	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE V. PRES.	NAME ANN LEFKOWITZ	TITLE	NAME
STREET ADDRESS 17027 W. DIXIE HWY SUITE 126	STREET ADDRESS N. MIAMI BEACH, FL. 33160	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY - ST - ZIP	CITY - ST - ZIP	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 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE MAY 19-2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ARNOLD LEFKOWITZ		Daytime Phone # 954-731-0199	

5-19-03 Executed copy endorsed.