SUMPRISE FL 33351       TAMARAC FL 33320-296         JS       Findpain Place of Business       1. Mailing Address         4304 BANYAN LANE       SAME AS ABOVE         Sate Auf. 4, etc.       Salilo, Apl. 4, etc.         Sate Auf. 4, etc.       Salilo, Apl. 4, etc.         TAMARAC, FL       Salilo, Apl. 4, etc.         TAMARAC, FL       Salilo, Apl. 4, etc.         TAMARAC, FL       Country         S. Centificate of Status Desired       Sal.75 Additional         TAMARAC, FL       Country         S. Same and Address of Current Registered Agent       7. Name and Address of two Registered Agent         RUSH, DAVID H, 48004 BANYON LANE       Street Address (P.O. Box Number is Not Acceptable)         The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia. I am familiar With, and acce the obligation registered agent, or both, in the State of Fordia. I am familiar With, and acce the obligation registered agent, or both, in the State of Fordia. I am familiar With, and acce the obligation registered agent, or both, in the State of Fordia. I am familiar With, and acce the obligation registered agent, or both, in the State of Fordia. I am familiar With, and acce the obligation registered agent, or both, in the State of Fordia. I am familiar With, and acce the obligation registered agent, or both, in the State of Fordia. I am familiar With, and acce the obligation registered agent, or both, in the State of Fordia. I am familiar With, and acce the obligation registered agent, or both, in the State of F	DOCU	<b>ANNUAL F</b> MENT # 837301	REPORT (AR	<b>:)</b>	Contraction of the second	<b>Feb 08</b>	FILED , 2005 ( tary of	8:00	am te
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High Harver Lips Ro JS SINGE FL 33350: Principal Place of Business Subscript Rav And And CFL 33320-296 USA MACK FL 3326-296 Solite Aft 4; dfc. Solite Aft 4; df	RUSH HC	DLDINGS, INC.						1.50.00	0
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4BO4 BANYON LANE TAMARAC FL 33319       Steed Address (P.O. Box Number is Not Acceptable)         City	RUS					-	•	•	-
City	480	4 BANYON LANE			Street Address		ceptable}		
The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tan familiar with, and accelled agent, or both, in the State of Florida. Tan familiar with, and accelled agent, or both, in the State of Florida. Tan familiar with, and accelled agent and the florida dependent of the obligations of registered agent, or both, in the State of Florida. Tan familiar with, and accelled agent, or both, in the State of Florida. Tan familiar with, and accelled agent, are both, and the florida. Tan familiar with, and accelled agent and the florida dependent of state agent and the florida dependent of state.									
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AME       NAME         ITREET ADDRESS       STREET ADDRESS         CITY-ST-ZIP       CITY-ST-ZIP         IT.       Interest 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 changed, or on an attachment/with an address, withful other like empowered.	After Make Check O. O. IIILE AME TREET ADDRESS IITY - ST - ZIP IILE AME TREET ADDRESS IITY - ST - ZIP IILE IREET ADDRESS IITY - ST - ZIP IILE IREET ADDRESS IITY - ST - ZIP IILE IREET ADDRESS	May 1; 2005 Fee Will Be \$550. k Payable to Florida Department OFFICERS AN PTD RUSH, DAVID H. P.O. BOX 26296 TAMARAC FL 33320 S RUSH, MIRIAM N. P.O. BOX 26293 TAMARAC FL 33320	of State	TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI	E E1 ADDRESS -S1-ZIP E E1 ADDRESS -S1-ZIP E E E E E E E E E E E E E	Trust F	und Contribution.	Ad     DIRECTO     Change     Change     Change     Change     Change     Change	ided to Fees
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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 directed 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 changed, or on an attachment with an address, with all other like empowered.	After Make Check IO. ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE IAME TREET ADDRESS ITY-ST-ZIP ITLE ITREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS CITY-ST-ZIP ITLE ITREET ADDRESS	May 1; 2005 Fee Will Be \$550. k Payable to Florida Department OFFICERS AN PTD RUSH, DAVID H. P.O. BOX 26296 TAMARAC FL 33320 S RUSH, MIRIAM N. P.O. BOX 26293 TAMARAC FL 33320	of State	TITLE NAMA STRE CITY TITLE NAMA STRE CITY TITLE NAMA STRE CITY TITLE NAMA STRE CITY TITLE NAMA	E E ADDRESS -ST-ZIP E E E ADDRESS -ST-ZIP E E ADDRESS -ST-ZIP E E E E E ADDRESS -ST-ZIP E E E E E ADDRESS -ST-ZIP E E E E ADDRESS -ST-ZIP E E	Trust F	und Contribution.	Ad     DIRECTO     Change     Change     Change     Change     Change     Change     Change     Change	ided to Fees
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