	003 FOR PROFI	SS REPOR		FILED May 01, 2003 8:00 am Secretary of State		
	MENT # F6953	8 - 1		Secretary of State		
1. Entity Nan G.T. MCE	ng Donald Enterprises, inc	s. /		05-01-2003 90821 007 ***150.00		
G.T. MCDONA	e of Business NLD ENTERPRISES H STREET. STE 112 FL 33324	Mailing Address 7951 S.W. 6TH STREET. S PLANTATION FL 33324	STE 112			
2. Principal F	Place of Business	3. Mailing Address		L LANDERREG FAILE DIALES HOURS DIVING HAVE DIALE AVEL DIALE AVEL DER LAND.		
400 S.	^{#, etc.} State Rd 7	Suite, Apt. #, etc. 4005. Stat	eRd.7			
City & Stat	ation, FL	Plantation	, FL	4. FEI Number 59-2164091 Applied For Not Applicable		
^{Zip} 3332	2 USA	^{Zip} 33322	USA	5. Certificate of Status Desired Status Desir		
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			Street A	Street Address (P.O. Box Number is Not Acceptable)		
			City	FL ^{Zip Code}		
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 		
10.7	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCDONALD, GERALD T 7951 S.W 6TH STREET, #112 PLANTATION FL 33324	Delete	TITLE NAME STREET ADDRESS C1TY - ST-ZIP	400 S. State Rd 7 Plantation, FL 33322		
TITLE	VP	Delete	TITLE	Plantation, Fr 33322		
NAME Street address City-St-Zip	MCDONALD, JOANNE 7951 S.W. 6TH STREET, #112 PLANTATION FL 33324		NAME STREET ADDRESS CITY-ST-ZIP	400 S. State Rd 7 Plantation, FL 33322		
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		Delete	TITLE	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY - ST - ZIP			
TITLE		Delete	TITLE	Change Addition		
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADORESS 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date Date						