2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002158

1. Entity Name

ALPINE AROMATICS INTERNATIONAL, INC.



FILED Feb 18, 2003 8:00 am Secretary of State

02-18-2003 90103 034 ***150.00

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City & State	2. Principal Place of Business 3. Mailing Address									 		
Z2 DO COURTY Z D COUNTY Z D COUNTY S. Certificate of Status Desired S8.75 Additional Fee Proquied 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City FL Zip Code City City FL Zip Code	Suite, Apt. #, etc. Suite, Apt. #, etc							\dashv	CHECK HERE IF MAKING CHANGES			
Zip Country	City & Stat		& State	State			FEI Number 22-1591002		• •			
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Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 City FL Zip Code							=Name== -					
PLANTATION FL 33324 The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. City FL Zip Code	,						Street Address (P.O. Box Number is Not Acceptable)					
City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. GNATURE Signature, type of grided name of registered segret and title if applicable. NOTE Registered Agent acquature requires when writising) DATE Title NOW!!! FEE IS \$150.00												
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. Secondary Communication Comm							City	Zip Code				
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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 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.

BARBARA F Bowers

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

11/03 7

732 572 5600 Daytime Phone #