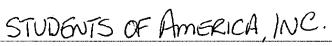
FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F98 00000 2511





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SECRETARY OF STATE FALLAHASSEE. FLORIDA

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2. Principal Place of Business ORME DR. 3. Majiro 4 danss COR	PORATE DR	·
Suite, Apt. #, etc. Suite, Apt. #, etc.	104110 11	DO NOT WRITE IN THIS SPACE
BOYNTON BEACH, FL BOYNTON BE	ACH, FL.	4. FEL Number 428463 Applied For Not Applicable
210 33426 County A 33426	US A.	5. Certificate of Status Desired \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE	lilana 1	7. Name and Address of Current Registered Agent UIS VICTOR BOOKEPORTEDRIVE TON BEACH FL 33426
8. The above named entity submits this statement for the purpose of changing its registered one or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 9-2-03 SIGNATURE Signature: Signature, typical or correct number registered agent and their dispersion agent and their damphouble. (KOTE Registered Agent appropriate remarked their registered agent and their damphouble.) DATE		
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
TITLE PROJUCTORS HAME STREET ADURESS CITY-ST-ZIP CONTON DEACH, FL. 33476	D.EAME - STREET ADDRESS - CHY-ST-ZIP	300022932613 09/10/0301070001 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE HAME NAME STREET ADDRESS CHY-ST-VP	
TITLE MAME STREET ADDRESS CUTY-ST-ZEP	TITLE MAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
ITTLE HAME STREET ADDRESS CITY: ST-ZIP	TITLE HAME STREET AG: CSS OTEY-ST. ZIP	IN THIS SPACE
HAME STREET ADDRESS GTY-ST-ZIP	TILE MAME SINEST ATTAKESS CET*-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	THUE NAME SINEET AUDRESS CHY-SI-JIP	

12. Thereby certify that the information supplied with this filing does not qualify for the exampt indicated on this report or supplemental report is true and accurate and that my signature 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

SIGNATURE

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davame Phone #