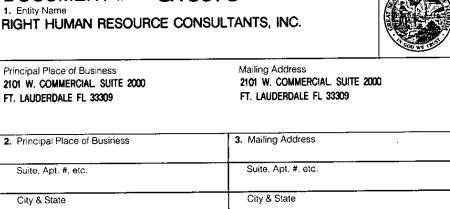
FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90250 030 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

G18678 **DOCUMENT #**



CHECK HERE IF MAKIN	G CHANGES		
4. FEI Number ro concern	Applied For		
59-2253065	Not Applicable		
5. Certificate of Status Desired	\$8.75 Additional Fee Required		
7 Name and Address of New Penistered	Agent		

A ANNERES MANAGEMENT CONTRACTOR DE LA CO

GREENE, MICHAEL E 9900 W SAMPLE RD #324 CORAL SPRGS FL 33065

Country

6. Name and Address of Current Registered Agent

	7. Hunt and	1001000 01.11011	1109.010	
Name				
	/B.O. B. N. N.	- :- Not Atob	le)	
Street Addr	ess (P.O. Box Number	r is Not Acceptad	iie)	
City			FI	Zip Code
-				
	2 4 1 2 4	La tha Chata of [The ideal conten	niliar with and

8.	i. 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.	

Country

SIGNATURE

Zip

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title it applicable

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I		
TITLE NAME STREET ADDRESS	PD SHEA, THOMAS H. 2101 W. COMMERCIAL BLVD. FT. LAUDERDALE FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Chan	
	STD SHEA, MAUREEN 2101 W. COMMERCIAL BLVD. FT. LAUDERDALE FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Chan	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Chan	ge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Char	ge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Char	ge
TITLE NAME		☐ Delete	TITLE NAME	☐ Char	ge 🔲 Addition

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #