**2003 FOR PROFIT CORPORATION** 

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Sulfe, Apt. V. etc.    City & Stato	BROAD & CASSEL         BROAD & CASSEL           7777 GLADES RD. #300         7777 GLADES RD. #300           BOCA RATON FL 33434         BOCA RATON FL 33434								
City & State  Country  Country  Country  Country  Country  Sp. Country  Sp. Country  Sp. Country  Sp. Country  Stream Address of Current Registered Agent  Name  DEUTCH, JEFFERY  Stream Address of Current Registered Agent  Name  City FL  City  City  FL  City  City  FL  City  City  FL  City  City  FL  City  FL  City  FL  City  FL  City  FL  City  FL  City	Principal Place of Business     3. Mailing Address				1 1801011		I FRONDY BUT TOBON TOTAL USING USING COST DIGIT BUDY STOLL DIGIT DIRECT D	.011 (011)	
Zip Country Zip Country Sip Co									
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  DEUTCH, JEFFERY BROAD & CASSEL  7777 (QLDES RD. #300 BDCA RATON RL 33434  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fords. I am familiar with, and accept the techigations of registered agent, or both, in the State of Fords. I am familiar with, and accept the techigations of registered agent, or both, in the State of Fords. I am familiar with, and accept the techigations of registered agent, or both, in the State of Fords. I am familiar with, and accept the techigations of registered agent, or both, in the State of Fords. I am familiar with, and accept the techigations of registered agent, or both, in the State of Fords. I am familiar with, and accept the techigations of registered agent, or both, in the State of Fords. I am familiar with, and accept the techigations of registered agent, or both, in the State of Fords. I am familiar with, and accept the techigations of registered agent, or both, in the State of Fords. I am familiar with, and accept the techigations of registered agent, or both, in the State of Fords. I am familiar with, and accept the technique of the control of the state of Fords. I am familiar with, and accept the technique of the control of the state of Fords. I am familiar with, and accept the technique of the control of the state of Fords. I am familiar with, and accept the control of Fords. I am familiar with, and accept the control of Fords.  FL NOW!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Fords Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  AND POMERANTZ, ALICE  8000 DECARIE BLVD, SUITE 200  10 TOWN OF MOUNT ROYAL, QC, H4P 2N2  10 TOWN						4. [	<b>39-2638480</b> Not Ap	plicable	
DEUTCH, JEFFERY BROAD & CASSEL 7777 GLADES RD. #300 BOCA RATION FL 33434  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligation of registered agent, or both, in the State of F	Zip 	Country Zip		Count	Country		Fee Required		
DEUTCH, JEFFERY BROAD & CASSEL 7777 GLADES RD. #300 BOCA RATON FL 33434  City  FL Zid 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 Fordia. I am familiar with, and accept the collegations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NOW.  FILE NOW.F. PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PD OMERANTZ, ALI CE SIREF ADDRESS SIREF ADDRESS SIREF ADDRESS SIREF ADDRESS SIREF ADDRESS SIREF ADDRESS OTY-ST-2P TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NOW.  SIREF ADDRESS OTY-ST-2P TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NOW.  SIREF ADDRESS OTY-ST-2P TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NOW.  SIREF ADDRESS OTY-ST-2P TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NOW.  SIREF ADDRESS OTY-ST-2P TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NOW.  SIREF ADDRESS OTY-ST-2P TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NOW.  SIREF ADDRESS OTY-ST-2P TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NOW.  SIREF ADDRESS OTY-ST-2P TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NOW.  SIREF ADDRESS OTY-ST-2P TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NOW.  SIREF ADDRESS OTY-ST-2P TOWN OF MOUNT ROYAL, OC. H4P 2N2 TOWN OF MOUNT ROYAL, OC. H4P 2N2 TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NOW.  SIREF ADDRESS OTY-ST-2P TOWN OF MOUNT ROYAL, OC. H4P 2N2 TOWN OF MOUNT ROYAL		6. Name and Address of Current R	egistered Agent		Name	7. 1	Name and Address of New Registered Agent		
### City   FL   Zip Code    ##	·								
B. 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 ooligations of registered agent.  SIGNATURE    Signature	7777 GLADES RD. #300				City F1 Zin Code				
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE NAME STREET ADDRESS CITY-ST-ZIP POMERANTZ, SAUL 8600 DECARIE BLVD, STE 200 TOWN OF MOUNT ROYAL OC TITLE VTD GATTINGER, FARNKLIN J. 8600 DECARIE BLVD, STE 200 TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NAME STREET ADDRESS CITY-ST-ZIP TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NAME STREET ADDRESS CITY-ST-ZIP TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NAME STREET ADDRESS CITY-ST-ZIP TOWN OF MOUNT ROYAL, OC. H4P 2N2 TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET	the obligat	ions of registered agent.  Signature, typed or printed name of registered agent an ILE NOW!!! FEE IS \$150.00					ent, or both, in the State of Florida. 1 am familiar with, and		
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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 out; that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP	partific that the information assumits distributed		NAME STREE CITY-	et address St-Zip	od in Spetian			

**SIGNATURE:** 

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 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 of the receiver of trustee empowered.

| GNATURE: | RAPHAEL ESPOSITO JR. 2003-04-07 (514) 341-8600 |
| SIGNATURE: | Date | Date | Dayline Phone #