


AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 17 AM 8:00

DOCUMENT # J48809 1. Entity Name CURRELI, INC.	
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DO NOT WRITE IN THIS SPACE

300024739213
11/17/03--01015--003 **70.00

2. Principal Place of Business 18141 SW 70 Place Suite, Apt. #, etc. Ft. Lauderdale, FL City & State	3. Mailing Address 18141 SW 70 Place Suite, Apt. #, etc. Ft. Lauderdale, FL City & State
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MRS

4. FEI Number 650000084	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name Alan Curreli Street Address (P.O. Box Number is Not Acceptable) 18141 SW 70 Place City Ft. Lauderdale FL Zip Code 33331
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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 <i>Alan Curreli</i> DATE 10/27/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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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	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Alan Curreli 18141 SW 70 Place Ft. Lauderdale, FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Alan Curreli</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	10/27/03 <small>Date</small>
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CR2E034B (12/02)