<u> </u>		INUAL R	T CORPOF EPORT (AF		ON	<u> </u>		<b>Feb</b>	12, 2	LEI 004	8:00	) am
DOCU 1. Entity Nam		K34077							retar	•		
							02-12-2004 90053 001 ***228.75					
Principal Plac	ce of Business		Mailing Address									
536 W. 10T. JACKSONV US	H STREET VILLE FL 32203	·	536 W. 10TH ST. JACKSONVILLE FL 3	2206				i I <b>ng</b> irih <b>en</b> n h	II <b>ûlûn ku</b> rtî <b>ira</b> rî i	en e e e e		
2. Priacipal F	Place of Business	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3. Mailing Address									
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.					моо	RE	CR2E034	4 (11/03)	
City & Stat	te		City & State				4. FE	El Number 59	-0766984			Applied For
Zip		Country	Zip	Coun	try		<b>5</b> . Ce	ertificate of Stat		 X	<b>\$8.75</b> A Fee Requ	
	6. Name an	d Address of Current	Registered Agent		Name		7. Na	ame and Addre	ss of New R	egistered	Agent	
536	LLOY, DALE W 10TH ST CKSONVILLE	Γ	ante de la constante de la cons La constante de la constante de		-			P.O. Box Number is Not Acceptable)				
					City					FI	Zip C	ode
8. The above	e named entity su	ubmits this statement fo	r the purpose of changing it	ts registere		registere	ed age	ent, or both, in th	e State of Fig			th, and accep
5	itions of registere	d agent.										
SIGNATURE	Cientura, humani e, du	rinted name of registered agon1										
	Signalure, typed of pr	inica name of registered agoint	and title if applicable. (NC	)TE: Registere	d Agent signati	re required	when roin	nstating)		DATE		
🦾 🦾 Afte	FILE NOW!!!   er May 1, 2004	FEE IS \$150.00 Fee will be \$550.00 Iorida Department of		DTE: Registere	d Ageni signati	ire required t	when roin	9. Election (	Campaign Fin d Contribution	ancing		.00 May Be ded to Fees
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