	2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)						FILED Feb 21, 2003 8:00 am		
billing Document		1/1000					Secretary of State		
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City & State City & State City & State City & State A FEI Number 59-2018392 Applies for MARPScale Zip Country Zip Country Scandard Rest Rest Reparation State Desire State Desire <td>2. Principal Place</td> <td>e of Business</td> <td colspan="3">3. Mailing Address</td> <td></td> <td>A ARMININA NYA MARAKA KANA INA MANA KANYA MANJA MAN</td> <td>,.</td>	2. Principal Place	e of Business	3. Mailing Address				A ARMININA NYA MARAKA KANA INA MANA KANYA MANJA MAN	, .	
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Zip Country E. Conflictual of Status Desired M. 58, 75, Auditional Feb Regulated 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent ASHLEY, N. REX 1044 CASTELLO DR. SUITE 106 Street Address (IP.D. Box Number is Not Acceptable) Street Address (IP.D. Box Number is Not Acceptable) Street Address (IP.D. Box Number is Not Acceptable) Street Address (IP.D. Box Number is Not Acceptable) Street Address (IP.D. Box Number is Not Acceptable) File Address (IP.D. Box Number is Not Acceptable) Street Address (IP.D. Box Number is Not Acceptable) Street Address (IP.D. Box Number is Not Acceptable) Street Address (IP.D. Box Number is Not Acceptable) File Not Acceptable) Street Address (IP.D. Box Number is Not Acceptable) Dot Street Address (IP.D. Box Number is Not Acceptable) Dot File Notice is Not Department of Independent is the spacetore in the Not Acceptable is Not Accept	City & State		City & State			4.	JJ 23 10332		
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ASHLEY, N. REX 1044 CASTELLO DR. SURTE 106 NAPLES FL 34103	6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent			
NAPLES FL 34103 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I. am familiar with, and accept the objaines of registered agent. FL Zip Code SIGNTURE growth, in the State of Florids. I. am familiar with, and accept the objaines of registered agent. Intel State of Florids. I. am familiar with, and accept the objaines of registered agent. Intel State of Florids. I. am familiar with, and accept the objaines of registered agent. SIGNTURE FILE NOW!!! FEE IS \$150.00 NOTE Program agent when meaning: Intel State of Florids. I. am familiar with, and accept the addition of registered agent. Intel State of Florids. I. am familiar with, and accept the addition of registered agent. After May 1, 2003 Fee will be \$550.00 Make Check Program agent when addition of State Intel State Check Program agent when addition of Addition of State Dependent of	1044 CASTELLO DR.					ess (P.O. Box Number is Not Acceptable)			
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR	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.								