FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT# K-76408 1. Entity Name FERPO CORPORATION



FILED Mar 28, 2003 8:00 am Secretary of State 03-28-2003 90110 004 ***150.00

Signature, typed or printed name of registered agent and table if applicable. Signature, typed or printed name of registered agent and table if applicable. Signature, typed or printed name of registered agent and table if applicable. Signature, typed or printed name of registered agent and table if applicable. Signature, typed or printed name of registered agent and table if applicable. Signature, typed or printed name of registered agent and table if applicable. Signature, typed or printed name of registered agent and table if applicable. Signature, typed or printed name of registered agent and table if applicable. Signature required when reinstaing) DATE D		DO NOT WRITE	IN THIS	SPACE		900634	197
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DO NOT WRITE IN: THIS SPACE 10. Street Address (PO Box Number is Not Acceptable) 10. Signature, need an international of implement agent and one inspected agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, need of particular visits and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent. DATE January 1. May 1. Fea is \$150.00 After May 1. Fea i	33135	Country		Country			
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Street Address (PO Box Number is Not Acceptable) IN THIS SPACE 9891 S.W. 4 STREET Cay MAMI FL Zip Code 33174 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations		to design the state of the stat				EZ JOSE C.	`
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information		putification that information and the control of	sthis filling of4	1. Jay 18. jay	<u> المعاملية معالمة المعاملية المعاملية المعاملية المعاملية المعاملية المعاملية المعاملية المعاملية المعاملية ا</u>	an later was made and a state a later	Abor and the state of the state

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: These Ofder