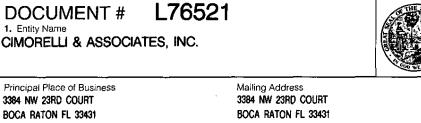
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)





01-24-2003 90091 035 ***150.00

BOCA RATON FL 33431				BOCA RATON FL 33431								
2. Principal Place of Business			3. M	3. Mailing Address				# ### ###	## ### ##			
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State				City & State			4.	FEI Number 65-0200814			plied For t Applicable	
Zip		_ Country	Zi	Zip Country				5: Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent					
Nam							e					
CIMORELL				Street Address (s (P.O. E	P.O. Box Number is Not Acceptable)				
3384 NW 2												
BOCA RATON FL 33431												
						City		!	FL	Zip 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 Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 GAfter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						7,148		Election Campaign Financing Trust Fund Contribution.			0 May Be to Fees	
10. OFFICERS AND I				DIRECTORS . 11.			Αſ	DDITIONS/CHANGES TO OFFICERS	AND D	IRECTORS	IN 11	
name Street address	PD CIMORELL 3384 NW (BOCA RAT			☐ Delete		1				_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		E Et address -st-zip				_ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		Į.			C] Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			-			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1			Ε	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	artify that the	information cum	oliad with this file	Delete	CITY-	ET ADDRESS ST-ZIP	Section	119 07(3Vi) Florida Statutes I further		Change	Addition	

indicated on this report or supplied with his limit does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. If further certifying that the information indicated on this report or suppliemental 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 truetee 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.

SIGNATURE:

Daytime Phone #