2003 FOR PROFIT CORPORATION

Mailing Address

US

ORLANDO FL 32811

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

4551 L B MCLEOD ROAD

UNIFORM BUSINESS REPORT (UBR) L79092 DOCUMENT # 1. Entity Name

CINNABAR FLORIDA, INC.

Principal Place of Business

2. Principal Place of Business

Country

Suite, Apt. #, etc.

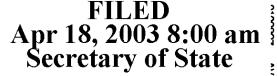
City & State

Zip

CITY-ST-ZIP

4551 L B MCLEOD ROAD

ORLANDO FL 32811



	04-18-2003 90168 015 ***150.00				
	☐ CHECK HERE IF MAKING CHANGES				
	4. FE! Number 50 0044705	Applied For			
	59-3014725	Not Applicable			
Country	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	7. Name and Address of New Registered Agent				
Name					

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent		
	Name		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Street Address (P.O. Box Number is Not Acceptable)		
	City FL Zip Code		

			Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			Street Ac	Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324						
			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 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	OFFICERS AND DIRECTO	PRS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADORESS CITY-ST-ZIP	D PARK, DAVID 4551 L.B. MCLEOD RD ORLANDO FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	en e	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS		□ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE;

David Park 04/15/2003