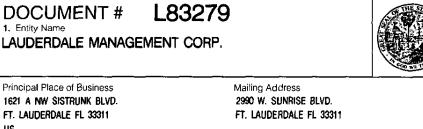
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



FILED Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90316 042 ***150.00

Principal Place of Business 1621 A NW SISTRUNK BLVD. FT. LAUDERDALE FL 33311 US		Mailing Address 2990 W. SUNRISE BLVD. FT. LAUDERDALE FL 33311					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKIN	☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0203147	4. FEI Number 65-0203147 Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Add Fee Required		
. 9	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	Agent		
			Name				
GRANT, YVONNE 2990 WEST SUNRISE BLVD.			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
FT. LAUDERDALE FL 33311							
			City	FI	Zip Code	e i	
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing it	s registered office or registe	ered agent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent signature requir	red when reinstating) DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution.		May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE	P	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	GRANT, YVONNE		NAME				
STREET ADDRESS	350 NW 118TH AVE		STREET ADDRESS			Ì	
CITY-ST-ZIP	PLANTATION FL		CITY-ST-ZIP	<u> </u>			
TITLE	ST	☐ Delete	TITLE		☐ Change	Addition	
NAME	GRANT, TRACY		NAME				
STREET ADDRESS	350 N.W. 118TH AVENUE	1	STREET ADDRESS			Ì	
CITY-ST-ZIP	PLANTATION FL		CITY-ST-ZIP				
TITLE	VP	☐ Delete	TITLE		Change	☐ Addition	
NAME	GRANT, TROY	· · · ·	NAME	المالية المستقد المالية المالية			
STREET ADDRESS	350 N.W. 118TH AVENUE		STREET ADDRESS		•		
CITY-ST-ZIP	PLANTATION FL		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		Change	☐ Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS			{	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	;	Change	☐ Addition	
NAME			. NAME				
STREET ADDRESS			STREET ADDRESS	•		}	
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE		Change	☐ Addition	
NAME			NAME			1	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12 I hereby	sertify that the information supplied with	this filing does not qualify for	or the exemption stated in 9	Section 119 07/3)(i) Florida Statutes I further ce	ertify that the in	nformation	

rhereby certify that the information supplied with this 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.

SIGNATURE: