DOCUME 1. Entity Name	ENT # L83897	REPORT (AF				or 06, 20 Secretary	y of Stat	te
•	ERPRISES, INC.					04-06-2005 9010	9 018 ***150.0	0
Principal Place of B		Mailing Address	I	· · ·				
5379 MYRTLE LA NAPLES FL 3411		5379 MYRTLE LANE NAPLES FL 34113		'		^и , (ст.		
2. Principal Place of	of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)				
City & State		City & State			4. FEI Numb	^{ber} 65-0403948		Applied For Not Applicable
Zip	Country	Zìp	Country	у У	5. Certificate	e of Status Desired	\$8.75 A Fee Requi	dditional
6.	Name and Address of Curr	ent Registered Agent		Name	7. Name and	d Address of New Re	gistered Agent	
AUSTIN	I, JOHN R.		~		STIN	JOHN R		
	STH AVENUE S.W.	5379 MYRTC		Street Address (per is Not Acceptable)		
		NAPUES FL 34	ี มา	r 5	<u>379</u>	MYRT	LIG LAND	
				City				
				- NR	PUES	T-Li	F 54	าเวา
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	ed entity submits this statemer of registered agent.	nt for the purpose of changing it	ts registered	I office or registe	PUES red agent, or bo	pth, in the State of Flori	ida. I am familiar wit	h, and accept
the obligations of				I office or registe		The State of Flori	L G G G G G G G G G G G G G G G G G G G	h, and accept
the obligations of SIGNATURE	of registered agent.						DATE	
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