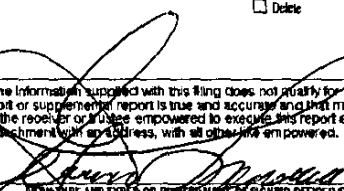


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91524 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M19971			
1. Entity Name THE CORVETTE CONNECTION, INC.			
Principal Place of Business 1533 S.W. 1ST WAY DEERFIELD BCH., FL 33441		Mailing Address 1533 S.W. 1ST WAY DEERFIELD BCH., FL 33441	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 58-2574912		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEW-REGISTERED AGENT CORPORATION 2300 CORPORATE BLVD., N.W. SUITE 137 BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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's signature required when circulating) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
☐ 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 in an attachment with an address, with all other info empowered.			
SIGNATURE: 		4/24/03 (954) 25-6748	
SIGNATURE AND TITLE OF PERSONS NAME OF REGISTERED OFFICER OR DIRECTOR			