FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 19, 2004 8:00 am Secretary of State

DOCUN 1. Entity Name エハイ	MENT # M32170 Terior Dimensions	of South Flor.	destro		Secretary 04-19-2004 90309	
DO NOT WRITE IN THIS SPACE					Adabanea	
the Country of the Co	ce of Business	3. Mailing Address				
	West-University	<u> </u>	<u> - ,</u>			
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN TH	
City & State	vello 2C	City & State	Jane 1.		Number 5 69 3896	Applied For Not Applicable
zi326	Country	Zip	Country	5. Ce	ertificate of Status Desired	\$8.75 Additional Fee Required
Military Street of Street			Name	7. Nan	ne and Address of Current Registe	ered Agent
	DO NOT WI	RIFE	対策(作)。 でも、ここと	Idress (P.O. Bo	v Number is Not Acceptable)	
Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE						
			City			Zip Code
8 The above r	named entity submits this statement for	the purpose of changing its		registered age	<u></u>	_
	ons of registered agent.		3	, ,	**	-1 -1
SIGNATURE 1	Signature, type or printed name of registered against	od title i applicable (NO	TE: Registered Agent signatu	re required when rein	stating) DA	3/19/04
Jan	uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00				9. Election Campaign Financing	\$5.00 May Be
	Amended UBR is \$61.25 Payable to Florida Department of	State	<u> </u>		Trust Fund Contribution.	Added to Fees
10.	OFFICERS AND D	PERSONAL PERSONS EA	Profession Annual Confession			Action in the
TITLE NAME	FIVS RICE	Raid #23	/ TITLE NAME			
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indicated of the cor	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp nt with an address, with all other like em	true and accurate and that owered to execute this rep	: mv sionature shall h	ave the same I	edal effect as if made under dam: in	at I am an officer of director III

he s.

Daytime Phone #

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR