

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90089 039 ***150.00

UBR034 1 708001 AV

DOCUMENT # M33247

1. Entity Name
WINNERS CHOICE, INC.



Principal Place of Business
**866 NE 20 AVE
FORT LAUDERDALE FL 33304**

Mailing Address
**866 NE 20 AVE
FORT LAUDERDALE FL 33304**

2. Principal Place of Business
4401 NW 124 AVE.
Suite, Apt. #, etc.

3. Mailing Address
4401 NW 124 AVE
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
CORAL SPRINGS, FL
Zip
33065
Country
USA

City & State
CORAL SPRINGS, FL
Zip
33065
Country
USA

4. FEI Number
59-2685715

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required -

6. Name and Address of Current Registered Agent

**SOUTH FLORIDA REGISTERED AGENTS INC.
200 E. LAS OLAS BLVD
FT. LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name
GARY BROWN
Street Address (P.O. Box Number, is Not Acceptable)
4401 NW 124 AVE
City
CORAL SPRINGS FL Zip Code
33065

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
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, GARY	
STREET ADDRESS	866 NE 20 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	PTS	<input type="checkbox"/> Delete
NAME	BROWN, GARY	
STREET ADDRESS	866 NE 20 AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4401 NW 124 AVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4401 NW 124 AVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-03 954-323-0070
Date Daytime Phone #

CR2E034 (10/02)