FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M 43090

May 05, 2003 8:00 am Secretary of State 05-05-2003 91179 010 ***150.00

1. Entity Nam	rews to copans	نه د مرد نام	,\~c		00 00 2002 311/3	130.00
	DO NOT WRITE	IN THIS SI	PACE T		9012989	1.
2. Principal P	Place of Business	3. Mailing Address				
1271 W COPINS RD		1231 W CODANG RD			•	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THI	S SPACE
City & Stat		City & State			4. FEI Number	Applied For
DUMPA		POMPAND SE			59-2746969	Not Applicable
Zip ح ی اہ کرکٹ	Country USA	Zip 3>3064	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
			Name	7	7. Name and Address of Current Register	ed Agent
	DO NOT WI		Name K ∧L	ieun	NAN_ DAVID	
ルング: 製職火 む 三角に	Street A	Street Address (P.O. Box Number is Not Acceptable)				
	IN THIS SP	ACE	1231	. (0	PANS PB	
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	e named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office or	registere	d agent, or both, in the State of Florida. I am	familiar with, and accept
the obligat	ions of registered agent.					
CIONIATI IDE						
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered Agent signat	ure required v	when reinstating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND D	McGenter (1985)	ของเกลา เพื่อเกลา	Fig. Allien St. St.		and the Control of the Control of the Control
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STREET ADDRESS	1231 WEOPAN'S RD		STREET ADDRESS			
CITY-ST-ZIP	DOMPAND BEACH FO	33064	CITY-ST-ZIP			
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NAME	ICALICHMAN, MATA.	4~	NAME			
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CITY-ST-ZIP	POM PAND BRACH	PC 35009	CITY-ST-ZIP			
TITLE -		^	TITLE		and comment to the part of the second	AN ALLESS TOTAL STATE
NAME	246-1-1		NAME			
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TITLE	TALUDAGU. ZALMA	(N	TITLE		IN THIS SPA	CIE CIERTO
NAME	1231 W COPARS RO		NAME STREET ADDRESS			
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name Street address .			STREET ADDRESS			
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATHAN KALICHMAN

454 4774523

Daytime Phone #