2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M49972 **DOCUMENT#**

1. Entity Name



FILED Feb 14, 2003 8:00 am Secretary of State

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| City & State Country Country Country Country Country 5. Certificate of Status Desired | 2. Principal Pla | ce of Business | 3. Maili | ng Address | * | 7. |) idologii ili diolo julib rajii juulu juulu jia d | Bli Affit Biffi sibil fin | |
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| 6. Name and Address of Current Registered Agent COREN, LEONARD 780 N. STATE ROAD 7 PLANTATION FL 33317 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent or present agent or organized agent or organized agent or produced agent or produced agent or organized agent or produced agent or organized agent or produced agent or prod | City & State | | City | & State | | 4. F | El Number 65-0018133 | | |
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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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that I am an officer or direction of the state of the | CITY-ST-ZIP | of it the tide and a second | with this fill | no does not qualify fo | or the exemption stated | in Sectio | n 119.07(3)(i), Florida Statutes. I furt | her certify that the | information |

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. In this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under each; that I am an officer or director 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 each; 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: