FILED Feb 25, 2003 8:00 am Secretary of State 02-25-2003 90118 019 ***150.00

2003 FOR PROFIT CORPORATION

	11110	JM PD	<u>14</u> 522	KEPO	RT (UBRI			
DOC 1. Entity N	UMENT		0661					۳°	
Principal Place of Business Mailing Address 15880 WEATHERLY RD C/O MCGRATH & MEY							90036232		
WELLINGTON FL 33414 5725 CORP WAY #101									
US WEST PALM BEACH FL							LABORAN (As above as		
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Principal Place of Business Mailing Address					-		I sauseen son irkii eriki siike sike sike kaalu ooli erek suke suke suke suke siike suke siike suke siike	111	
Suite, A	pt. #, etc.		Suite	, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & S	tele	:	City	City & State			4. FEI Number 65-0055040 Applied Fo	, –	
Zip	Zip Country		Zip	Zip Cou		ılrÿ	5. Certificate of Status Desired S8.75 Additional		
	6. Name	and Address of Cu	VTERT Registered	'Agent			Fee Required	- {	
LEE. JUL						Name	7. Name and Address of New Registered Agent	=	
15880 W	EATHERLY I					Street Address (P.O. Box Number is Not Acceptable)		
WELLING	STON FL 334	114		•				\dashv	
8. The abov	te named entity	Submits this statem	and fine that a second			City	FL Zip Code		
the obliga	ations of regist	ered agent.	and for the purpos	se or cuavillad if	s registere	d office or register	ed agent, or both, in the State of Florida. I am familiar with, and acce	ρį	
SIGNATURE	S-preture, typed	or printed name of registered.	Appert and the it expens	- NO.	T. O				
		FEE IS \$150.00		(100	t: Hegislered	Agent signature required	when remetaling) DATE	-	
Afte	er May 1, 200	3 Fee will be \$550	1.00				9. Election Campaign Financing \$5.00 May 9a	7	
Make Chec	k Payable to	Florida Departme	nt of State				Frust Fund Contribution. Added to Fees	'	
1 D.		OFFICERS A	NO DIRECTORS		11.		ADDITIONS		
TILE	P			☐ Detate	IME		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\exists \Box	
name Street address	1			NA			☐ Change ☐ AddiGi	S Si	
TITY-SI-71P	WELLINGTO	ON FL 33414				ACORESS	•		
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EET ADDRESS				•	SIREET AL	DORESS		1	
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 I hereby ce indicated n 	rtify that the in	formation supplied w	ith this liting does	not quality for the	ne exempt	ion stated in Section	n 119.07(3XI). Florida Statutes. I further certify that the information	ł	
of the corpo	oration or the r	Scewer or trustee em	is true and accur powered to exect	rate and that my ute this report as	signature	shall have the sam	n 119.07(3)(i), Florida Statutes. I further certily that the information e legal effect as if made under oath; that I am an officer or director prida Statutes; and that my name appears in Block 10 or Block 11 if	1	
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IGNATL	JRE:	zuucuseki	wae ik	3/23/1191	ĖD	•	·		
		MONATURE AND TYPED OR	PRINTED MANE OF S	MANUS OFFICER OR	ORECTOR		Outs Day O	•	