FILED

UN	IIFORM BUSINE	SS REPORT	(UBR)		Apı	$r 21, \overline{200}$	38:00	0 am
DOCUI 1. Entity Nam FEMALES			Secretary of State 04-21-2003 91125 001 *****8.75 04-21-2003 91125 002 ****61.25					
Principal Plac 3601 W COMM FT LAUDERDA	ERCIAL BLVD STE 35	Mailing Address 3601 W COMMERCIAL BLVD FT LAUDERDALE FL 33309	DI W COMMERCIAL BLVD STE 35		VVVVVVVVVVVVV			
2. Principal P 288 Suite, Apt.	KLAND PK Blud		1					
Suit _City & State	£ 125	Suite, Apt. #, etc. Suite /25 City & State	341TE 125 City & State		4. FEI Number 65-1112540 Applied For			
tort Zip	LAUGEDDALE Florida	FOLT LANDERDA 33311	Country		5. Certificate of Sta		\$8.75 Add	ot Applicable litional
333			BROWA	<u>rq</u>			Fee Require	d
	6. Name and Address of Current F	legistered Agent	Name		7. Name and Addr	ess of New Registered	Agent	
DAVIS, KENNY M 3601 W COMMERCIAL BLVD STE 35 FT LAUDERDALE FL 33309				Street Address (P.O. Box Number is Not Acceptable)				
				1880 W. OAKLAND PARK BIVE				
			City F+	Lau	DERDALE	FL	Zip Code	เรา
	named entity submits this statement for one of registered agent. PATRIC Signature typed or printed name of registered agent are	CIA WILLIAMS	EXECUTIV Registered Agent signat	18 D1	RECTOR	4-12- DATE	03	
; FILE NOW: FEE IS \$61.25 9. Election Camp Trust Fund Co					\$5.00 May Be Added to Fees	Make Ched Florida Depa	•	
10.	OFFICERS AND DIRI	ECTORS	11.	A	DDITIONS/CHANGE	S TO OFFICERS AND D	RECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, PATRICIA 3811 NW 28 ST LAUDERDALE LAKES FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
ritle Name Street Address City-St-Zip	VD STANLEY, MERCEDA 2400 NW 26 ST FT LAUDERDALE FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, KENNY M 7160-NW 47-PL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		17 2 -	and the Special	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAUDERHILL FL 33319	☐ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JAY 152 Pom	Micheal 18 NW 7th	WILLIAMS TERRACE Ch FLORIDA	☐ Change 	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		True.		Change	Addition
TITLE		□ Belete	TITLE				[] Change	Addition

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 of supplemental report is frue 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 truefact simpowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an adachment of the corporation of t

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP