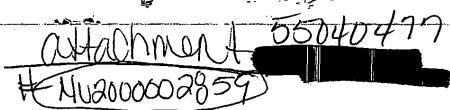
2003 NOT-FOR-PROFIT CORPGRATION UNIFORM BUSINESS REPORT (UBR)

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

1. Entity Nar	MENT # NO2000 EMIOS-BOHEMIA, INC.		04-14-2003 907	41 043 ****	70.00			
Principal Place of Business 168 SANDELWOOD DR KISSIMMEE FL 34743		Mailing Address 168 SANDELWOOD DR KISSIMMEE FL 34743		55640477				
2 Oringinal	None of Business	3. Mailing Address						
2. Principal Place of Business				7 LEERINGS DIE ARMO THEM REICH REICH REICH BRITH BRITH THEIT FORDS FORDE BEITH BENTH FORD TO THE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 05-050	67544		oplied For at Applicable	1
Zip	Country	Zip	Country	5. Certificate of St	atus Desired 🔀	\$8.75 Ad Fee Require	ditional Id]
	6. Name and Address of Current	t Registered Agent			ress of New Register	ed Agent		1
:-5041PB40	A MARAN		Name		··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	~		<u>}</u> .
SANTIAGO, MAGALY 1770 W CARROLL ST KISSIMMEE FL 34741		Street Address	Address (P.O. Box Number is Not Acceptable)					
KISSIMM	EE PL 34/41	•		<u> </u>	·			1
			City			FL Zip Cod	e	Į
SIGNATURE	Signature, hyped or printed name of registered agent FILE NOW:-FEE-IS \$61.25	9. Election Can Trust Fund C	Registered Agent signature require require require require requirements of the register of the	\$5.00 May Be . Added to Fees	Make Ch Florida Dej	eck Payable partment of S	to State	
10.	OFFICERS AND DI		11.	ADDITIONS/CHANGE	S TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, FELIPE 168 SANDELWOOD DR KISSIMMEE FL 34743	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2E037 (10/02)
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TITLE	D	☐ Delete	TITLE			☐ Change	Addition	ĺ
NAME STREET ADDRESS	SANTIAGO, MAGALY		NAME	والمناجر والمساملين والمستج	and back in the contract of	د حوض رسميد		
CITY-ST-ZIP	1770 W CARROLL ST		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 617, 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.



4/10/03 Thirds Dept of State We do not have the FEI number done any activity it now; since we had he income no activity ė* . .