NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N 04000004370.



FILED May 03, 2005 8:00 am Secretary of State

05-03-2005 90155 021 ****61.25

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	DO NOT WRITE	IN THIS S	PACE	. 1	·		
2. Principal Place of Business		3. Mailing Address		···········			
7664 NILES RD		3061 NE 117 Ave					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
7654		/					
City & State		City & State		4. FEI Number			
Zip County		Pompano BCH	FloriDA			Not Applicable	
33067		33064		5. Certificate of	Status Desired	\$8.75 Additional Fee Required	
~~~	15/000/4 30004		BrowARD	7. Name and Address of Current Registered Agent		•	
			Name	_	The state of the s		
· September & the Burk	DO NOT WI	A A	ARLEINE BIEN-AIME Street Address (P.O. Box Number is Not Acceptable)				
4			Street Add	ress (P.O. Box Number is	Not Acceptable)		
	IN THIS SP	ACE	3011		****		
mi,			1 City	City - Zin Code			
	# #	Pon	Pombano Bch FL Zip Code 33064				
8. The above	named entity submits this statement for ions of registered agent.	the purpose of changing it	s registered office or re	gistered agent, or both, i	n the state of Florida. I am fa	amiliar with, and accept	
ine obligat	ons or registered agent.						
7.	63 /100 mm 150	On-am	C				
SIGNATURE	TOUNG SI	on_cur	×_		4-23-	.05	
¥. \	Signature, typed or printed name of registered agent an	d title if applicable. (NO	TE: Registered Agent signature r	equired when reinstating)	DATE		
	FEE IS \$61.25 Initial or Amended UBR	ra nenangan dan salah sa	Impaign Financing Contribution.	\$5.00 May Be Added to Fees		k Payable to tment of State	
10.	OFFICERS AND DIRE					Production and the Control of the State of t	
TITLE	PRESIDENT (PAS		TITLE				
NAME	ARIEINE BIEN-A 3061 NE 119 Ave	IME	NAME				
STREET ADDRESS CITY-ST-ZIP	•	20/11	STREET ADDRESS				
	Pompano BCh Fl 33	5064	CITY-ST-ZIP	والمناوة في المراجعة ليام بياد المامة المام المراجعة		: 	
TITLE NAME	TREA SURER	E	TITLE				
STREET ADDRESS	NARCISSE VACQUE	-	NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	CORAL SPRINGS F1 3	30 <u>6</u> /	TILE				
NAME	Aurelus MARCEllus		NAME				
STREET ADDRESS	3061 NF 114 Ave	-	STREET ADDRESS		The state of the s	n papara distribution de la composition della co	
CITY-ST-ZIP	Pompano Bch F/ 33064		CITY-ST-ZIP	DO	DO NOT WRITE		
TITLE	Secretary GENER	4	TITLE	181	THE ODA		
NAME	Rodeney Dorvilus	7	NAME	IN.	THIS SPAC		
		STREET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS, Fl 3:	3067	CHY-SI-ZIP	a daga and the dealth and the dealt	Paralle de la companya del companya de la companya del companya de la companya de		
TITLE			TITLE				
NAME			NAME			1	
STREET ADDRESS			STREET ADDRESS			į	
CITY-ST-ZIP		***************************************	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
TITLE			mue				
NAME STREET ADDRESS		,	NAME				

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 on an attachment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

4-23-05