## NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 19, 2004 8:00 am Secretary of State

DOCUMENT#				Secretary of State	
1. Entity Name	·			04-19-2004 90291 04	<b>19</b> ****70.00
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2. Principal Place of Busines	8	3. Mailing Address_	}		
3110 5.W		3110 S.W	. 19 TER		
Suite, Apt. #, etc.		Suite-Apt. #, etc.		DO NOT WRITE IN THIS	SPACE
City & State	<del></del> -	_City & State .		4. FEI Number	Applied For
FLORIDA	<u> </u>	FLORIDA	<b>~</b>	NOT APPICABLE	Not Applicable
33145	Country	Zip 74.5	Country DAD E	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<b>3917</b> 4	WHIDE	7. Name and Address of Current Registers	
			Name		-
DC	NOT W	XITE		P.G. Box Number is Not Acceptable)	
	THIS SPA				
11 N		AUL			
			City	FI	L Zip Code
8. The above named entity s	ubmits this statement for	the purpose of changing its	registered office or register	red agent, or both, in the state of Florida. I am	familiar with, and accept
the obligations of registere	ed agent.			,	
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,SIGNATURE	ofinted name of registered agent an	nd title if applicable. (NOTE	: Registered Agent signature required	(urbon reinstation)	104
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12. I hereby certify that the information supplied with this filling 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 on 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04 305-444-3765