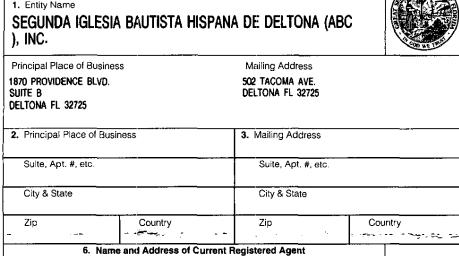
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N94000002136



Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90205 049 ****70.00

FILED



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Suite, Apt. #, etc. Sui		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State City		City & State		4. FEI Number 59-3244059		Applied For			
	i i					Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status	Desired A	\$8.75 Additional			
6. 1	Name and Address of Current R		7. Name and Address of New Registered Agent						
			Name		t,	·			
PEREZ, ROBER 502 TACOMA A	VE.		Street Address	(P.O. Box Number is Not A	(cceptable)				
DELTONA FL 32	2725-8333				90	17:00			
			City	** 1/2	" FL	Zip Code			
The above named the obligations of	entity submits this statement for tregistered agent.	he purpose of changing	its registered office or regist	ered agent, or both, in the	State of Florida. I am	familiar with, and accept			
GNATURE	, typed or printed name of registered agent an	datale of explicated ANI	775. D		DATE				
Signature	, typed or printed hame or registered agent and	a title il applicable. (14	OTE: Registered Agent signature requir	ed when reinstating)	DATE				
FILE N	NOW: FEE IS \$61.25	4	ampaign Financing I Contribution.	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State				
).	OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					

			Trust Fund Contribution.		Added to Fees Florida Department			i of State	
10.	OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, ROBERTO 502 TACOMA AVE. DELTONA FL 32725-8333	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	T MENDOZA, ISAAC 1421 SECTION LANE TER DELTONA FL 32725	□ Delete	TITLE NAME STREET ADDRESS "CITY-ST-ZIP		mer : e * · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALEZ, JESUS 966 CHIPPENDALE ST DELTONA FL 32725	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· (1)	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Č,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS		777.	- 44.	☐ 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 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 with an address, with all other like empowered.

SIGNATURE

Roberto Pérez 4/10/03 (386)574-7977