## FOR PROFIT CORPORATION



| U  | MILOKIM DOSIME                           | 33 REPURI                            | (ODÍV)   | , i ·   |   |
|--|--|--------------------------------------|--|---|---|
| DOCUMENT # P.0000006719 1. Linity Name   |  |                                      | FILED  |   |   |
|  |  |                                      |  | 02-JAN = 2 PN 5: 44   | ^   |
| DO NOT WRITE IN THIS SPACE   |  |                                      |  | SECTORETARY OF STATE  TALLAHASSEE, FLORIDA                        |   |
| 2. Principal Place of Eusiness  Boca Reef > Enterprises Size 3. Mailing Address  Boca Reef > Enterprises Size 3098 NE 5th Ave  Suite, Apt. #, etc.  Suite, Apt. # etc.   |  |                                      | DO NOT WRITE IN THIS SPACE   |   |   |
| 3098 NE 5th Ave City & State Boca Raton = F1   |  | City & State  Boca Raton - F1        |  | <u></u>   | Applied For<br>Not Applicable             |
| Zip Country 33431 Palm Beach   |  | Zip 33431                            | Country  Palm Beach  | 5. Certificate of Status Desired See Required                     |   |
| Name Gilcelia DeSouza  |  |                                      |  |   |   |
| IN THIS SP   |  | ·毛·安·斯勒(中)中国"西南南北王田"中。               | Street Address (P.O. Biox Number is Not Acceptable) 3098 NE 5th Ave  Boca Raton - F1 |   |   |
| ing state of the s | en e |                                      | City   | FL Zip Co   | ode<br>34-3-1                             |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature Technology of the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature received when remaining to the purpose of changing its registered agent |  |                                      |  |   |   |
| 9. This corporation is eligible to satisfy its intangible  Tax filling requirement and elects to do so.  (See criteria on back)  Analysis See 1813 Set 25  Make County Polyable to Department of State   |  |                                      |  | Trust Fund Contribution.   Add                                    | .00 May Beled to Fees                     |
| 110 /  | OFFICERS AND                             | DIRECTORS                            | <b>计量应该数据编集</b> 数据   | German Karlo III (1986) - Francis Propinsi Karlo (1986)           | 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. |
| TITLE<br>NAME<br>STREET ADDRÉSS<br>CITY-ST-ZIP   | President - Luiz<br>3098 NE 5th Ave 1    |                                      | STITLE NAME STREET ADDRESS: CITY ST ZIP  | 900004765469<br>-01/10/0201075-<br>****155.00 *****1              |   |
| TITLE NAME STREET ADDRESS  | Gilcelia DeSouza-                        |                                      | TITLE NAME   | 900004765469<br>-01/10/0201075-                                   |   |
| CITY-ST-ZIP  | 3098 NE 5th AveBo                        | oca Raton-F1                         | STREET ADDREES   | ****163.75 ****1  | 63,75                                     |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |                                      | RAME<br>STREET ACCRESS<br>CITY-ST-ZIP  | DO NOT WRITE  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                                      | INTLE  MANUE  STREET ANDRESS  CITY STEAD   | IN THIS SPACE   |   |
| TITLE NAME. STREET ADDRESS GITY-ST-ZEP   |  |                                      | TIRE AMME<br>STREET ADDRESS<br>CITY ST-21P   |   |   |
| RITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | 02:11                                | NAME<br>SIGET ADDRESS<br>CITY 51-2P  |   |   |
| 13. Thereby o  | thw beinger contempts ad that with:      | this filing does not qualify for the | no exemption stated in S   | ection 119.07(3)(i), Florida Statutes, I further certify that the | e 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

1561 - 3476770 Dayurre Priorie \*

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December 21, 2001 State of Florida Department of Corrections 2601 Blair Stone Road Tallahassee, Fl 32399-2500

Boca Reef Luiz DeSouza 3098 NE 5<sup>th</sup> Ave Boca Raton, Fl 33431

To Whom It May Concern,

This letter is regarding the uniform business report that I never received. My accountant failed to mention it to me and it completely slipped my mind until the end of the year when I realized I hadn't sent it in yet. Attached is a downloaded form completed.

Thank you,

Luiz De Souza