FOR PROFIT CORPORATION

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UNIFORM BUSINESS REPORT	(UBR)	Secretary of State
DOCUMENT #	209717	06-11-2002 90389 036 ***150.00
AABBA Services, Fuc.		
DO NOT WRITE IN THIS SP	ACE	
2. Principal Place of Business, Ave 3. Mailing Address 235 WAY FOND AVE W. D. HADX	11853	
Suite, Apt. #, etc. Suite, Apt. #, etc.	,,,,,,,,,,	DO NOT WRITE IN THIS SPACE
City & State Hill FL City & State Ashrova	Reach FL 4	FEI Number 3621570 Applied For Not Applicable
Zip 2117 Country Zip 32120-18	Country USA 5.	. Certificate of Status Desired See Required Fee Required
	7. Name	Name and Address of Current Registered Agent
DO NOT WRITE	-Jua	Box Number is Not Acceptable
IN THIS SPACE	1163	B. Ridgewood Ave
	City	Zing Col FL Zip Code
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 Fiorida.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
9. This corporation is eligible to satisfy its Intensible January 1 - May 1 Fee is \$150.00		
(See exitorio en back)	Fee is \$550.00 JBR is \$61.25 to Department of State	10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
11. OFFICERS AND DIRECTORS		
NAME Esther M. Long Ane	TITLE NAME	12/01
CITY-ST-ZIP Holly Hill FL 32117	STREET ADDRESS CITY-ST-ZIP	E034B (12/01)
TITLE NAME	TITLE	CR2EO
STREET ADDRESS	NAME STREET ADDRESS	Ö
CITY-ST-ZIP	CITY-ST-ZIP TITLE	
NAME STREET ADDRESS	NAME STREET ADDRESS	
-CHTY-ST-ZIP	-CITY-ST-ZIP	DO_NOT_WRITE
TITLE NAME	TITLE NAME	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	
TITLE	CITY-ST-ZIP	
NAME STREET ADDRESS	NAME CYRETE ADDRESS	
City-St-ZiP	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	TITLE	
STREET ADDRESS	NAME STREET ADDRESS	
CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the	CITY-ST-ZIP	110 07(0)/) 5

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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

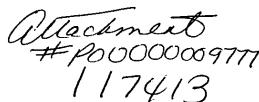
SIGNATURE:

Esther M. Long 6/4/02 (38) 27-2366

Esther M. Long 6/4/02 (38) 27-2366

Daytime Printed Market OF SIGNING OFFICER OR DIRECTOR

Aabba Services, Inc. P. O. Box 11853 Daytona Beach, FL 32120-1853



June 4, 2002

Uniform Business Report Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re: Uniform Business Report

Dear Sirs:

Thank you for your assistance in mailing the UBR Form, I was out of town when it finally arrived.

When I spoke with R. Brown he said it would be mailed to me and for me to write the letter explaining that I didn't receive it and that is why it was mailed at a later date also for me to pay the initial amount of \$150.00.

Sincerely,

Esther M. Long

: = Attachment 9717 ... 1/74/3

AABBA Services Inc. Po Box 11853 Daytona Beach, Fl. 32120-1853

Request taken by: rbrown 05-08-2002

The forms you recently requested from this office are:

(1) 201. COR Profit A/R

Should you have any questions or need any further information, please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314