FILED May 27, 2003 8:00 am Secretary of State

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT #		0010372				05-27-2003 90169 0		
Principal Place of Business 5625 NE 1ST AVENUE MIAMI FL 33137 Milling Address 5625 NE 1ST AVENUE MIAMI FL 33137									
2. Principal Place of Business . 3. Mailing Address . 5 C S				11/10			i i i i i i i i i i i i i i i i i	18010 1181 1081	
Suite Apt. # etc. Suite Apt. #, etc.						CHECK HERE IF MAK			
City & State City & State 3/87				4. FI	65-0997478	N	pplied For ot Applicable		
33/	5/1	Country	Zip	Count	try	<u>L.</u>	ertificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name an	d Address of Current R	egistered Agent		Name	7. Na	ame and Address of New Register	ed Agent	
DORSAINVIL, ROSE				Street Address (P.O. Box Number is Not Acceptable)					
5625 NE 1ST AVENUE MIAMI FL 33137									
					City			Zip Cod	de -
	named entity su tions of registere		the purpose of changing its	registere	ed office or registere	ed age	nt, or both, in the State of Florida.		and accept
SIGNATURE .	Signature, typed or p	rinted name of registered agent an	d title if applicable. (NOT	E: Registered	1 Agent signature required	when rein	estating) DA	TE	
		FEE IS \$150.00					9. Election Campaign Financing	\$5.0	O May Be
		Fee will be \$550.00 orida Department of :	State			}	Trust Fund Contribution.		d to Fees
10.		OFFICERS AND D		11.		ADE	DITIONS/CHANGES TO OFFICERS		
NAME STREET ADDRESS	D Dorsainvil 5625 NE 181	' AVENUE	Delete		ET ADDRESS			☐ Change	Addition
CITY-ST-ZIP	MIAMI FL 33	137	☐ Delete	CITY-	ST-ZIP			Change	Addition
NAME STREET ADDRESS			C Dolois	NAME				Shango	
CITY-ST-ZIP			——————————————————————————————————————		ST-ZIP			[] Chause	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ř			∐ Change	Addition
TITLE	<u> </u>		Delete	TITLE				[] Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP					et Address St-Zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete ·		i			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•	í			☐ Change	☐ Addition
indicated of the cor	on this report or poration or the r	supplemental report is tr sceiver or trustee empow	ue and accurate and that r	ny signatu as require	are shall have the s	same le	19.07(3)(i), Florida Statutes. I further gal effect as if made under oath; the a Statutes; and That my name appea	it I am an officei	or director

SIGNATURE: _

Daytime Phone #