## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # PUODOODIH431

## FILED Apr 09, 2002 8:00 am Secretary of State

237069 Country S.A. 283069 Country S.A. 5. Certificate of Status Desired S. S. Certificate of Status Desired See Required  7. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  FL. Zip.Code  2 This corporation is eligible to satisfy its Intannible  January 1 - May 1 Fee is \$150.00	Carpet Care C	. 04-09-2002 90071 02	150.00		
Suite, Agp. #, etc.  Suite, Ag		80058601			
Applied For Not Assert Country S. A 23069 Country S	Suite, Apt #, etc. Suite, Apt #, etc.		14 S. t.	DO NOT WRITE IN THIS SPACE	
SIGNATURE  Signature report on back)  Signature report on back  OFFICERS AND DIRECTORS  TILE  FINAME  STREET ADDRESS  Signature register Approximate and elects to do so.  (See criteria on back)  County S.A.  Signature registered agent and tilled a applicable.  Signature registered agent and tilled a applicable.  Signature registered agent and tilled a applicable.  Signature registered agent and address of Current Registered Agent  Name  Tille  Name  Tille  Name  Signature registered agent, or both, in the State of Florida.  10. Election Campaign Financing  Trust Fund Contribution.  Signature registered agent and elects to do so.  (See criteria on back)  OFFICERS AND DIRECTORS  Tille  NAME  STREET ADDRESS		Pontano Beach		4. FEI Number  OSSS674  Applied For  Not Applicable	
Name  Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  Street Address (P.O. Box Number is Not Acceptable)  IN THIS SPACE  437 NE 33 Quy #3  City Pongare Bch FL ZipSede 2  8. The above named entity purnits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  Signature 19 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  After May 1. Fee is \$150.00  Amended UBR is \$61.25  Make Check Payable to Department of State  11:  OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Pomparo Bch FL ZipSede 2  City Pongare Bch FL ZipSede 2  Title  NAME  STREET ADDRESS  CITY-ST-ZIP  Pomparo Bch FL ZipSede 2  To the state of Florida.  10 Date  \$5.00 May Br Added to Fees  \$50.00 May Br Added to Fees  STREET ADDRESS  CITY-ST-ZIP  NAME  STREET ADDRESS		Cour		5. Certificate of Status Desired	Fee Required
SIGNATURE  Signature Typerd of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  11. STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)  1N THIS SPACE  137 NE 23 Que #3				
Tax filing requirement and elects to do so. (See criteria on back)  After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State  11:  OFFICERS AND DIRECTORS  TITLE FNAME STREET ADDRESS  CITY-ST-ZIP  PG w Pand Beach FL 33063  CITY-ST-ZIP  TITLE NAME STREET ADDRESS	SIGNATURE		_	3/2	re(02
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  13. 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	NAME STREET ADDRESS CITY-ST-ZIP	NAM STRE	EET ADDRESS '-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	

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 frustee 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 ptter like empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR