## FOR PROFIT CORPORATION

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90240 018 \*\*\*150.00

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OCUMENT # P00000014746 1. Entity Name



DO NOT WRITE (INSTHIS SPACE  2. Principle Prior of Clusteries 4701 SW 45th St Surfa, April 4, sic.  DO NOT WRITE IN THIS SPACE  Surfa, April 4, sic.  DO NOT WRITE IN THIS SPACE  Cry 4 Surfa Surface  DO NOT WRITE IN THIS SPACE  Cry 5 Surface of Status Desired  A FEI Number  Country  333377  Country  333377  Country  Seriel Address of Country Registered April  Find Application of Status  DO NOT WRITE  IN THIS SPACE  Cry 5 FL	1 ""	D & MICH EAFE	K1 INC	V.	THE WELL			
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DAVIE, FL  Zip 33314  Country 2	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
20 33314 Country 33327 Country 5. Contributed of States Desired 58.75 Actificated 1 States			City & State	City & State			Applied For	
S. Certificate of Status Desired   \$3.1.5 Additional Free Register   \$3.1.5 Additional Free Register   \$1.1 Address of Current Registered Agent   \$1.1 Address of Registered Agent   \$1.1		· · · · · · · · · · · · · · · · · · ·			···-	65 <b>-</b> 0982276	Not Applicable	
T. Name and Address of Current Registered Agent		,		Count	try	5. Certificate of Status Desired		
DO NOT WRITE IN THIS SPACE  City  City  FL  Zio Code  City  FL  Zi	A CONTRACTOR OF THE SECOND CONTRACTOR OF THE S			10 M		7. Name and Address of Current Registered		
IN THIS SPACE  City  FL Zo Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SPACE A time or prints for the SSS 0.00  Animaled (UBR is \$51.00.00)  Animaled (UBR is \$51.00)  Animaled (UBR is \$51.00.00)  Animaled (UBR is \$51.00.			DITE	20, 201	Name			
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Cay FL Zio Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature		IN THIS SP	ACE					
8. The above manual entity submits his statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fonds. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature					04.			
SIGNATURE    January 1; May 1 [Fee ] 6 \$150,00     Anternaded URR is \$81 25     Etalet May 1 [Fee ] 6 \$150,00     Anternaded URR is \$81 25     Etalet Check Payable to Floridal Department of State     10.					•			
January 1: May 1: Fee is \$550.00 After May 1: Fee is \$550.00 Anter May 1: Fee is \$550.	<ol> <li>The above named the obligations of re</li> </ol>	entity submits this statement for egistered agent.	the purpose of changing its i	registere	d office or registere	ed agent, or both, in the State of Florida. I am fa	amiliar with, and accept	
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After May 1: Feel is \$530.00 Amonded User is \$61.25  Etake Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILE  NAME  PRESIDEN F /D /s  GERMAN GRANADOS  1511 MAPLE DR, WESTON, FL  TILE  NAME  OTH-ST-2P  TILE  NAME  STRET ADDRESS  CITY-ST-2P  TILE  NAME  STRET ADDRESS  CITY-ST-2P  STRET ADDRESS  CITY-ST-2P  TILE  NAME  STRET ADDRESS  CITY-ST-2P  TILE  T	<ul> <li>Signature,</li> </ul>		nd title if applicable. (NOTE	Regretered	Agent signature required v	when renstating) DATE		
Amended UBR is \$61.25.5  Trust Fund Contribution.   10. OFFICERS AND DIRECTORS  TILE  PRESIDENT / D /s  GERMAN GRANADOS  STRET ADDRESS  OTY-ST-79  TILE  NAME  STRET ADDRESS  CITY-ST-29  TILE						C Floring Compain Floring	<b>A A</b>	
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indicated of this report or supplemental report is true and accurate and mat my signature shall have the same legal effect as if made under oath; that I am an officer or directo 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 10 or on an attachment with an address, with all other like empowered.

04/28/2003

954 587 7178