FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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OCUMENT Entity Name	# P 000000	31168	
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KASTVIEW HOLDENGS	· duc		SECRETARY OF STALLAHASSEE, FL	STATE LOPIDA
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2. Principal Place of Business III 5 D7 X: Q HWY Suite, Apt. #, etc.	3. Mailing Address D: Suite, Apt. #, etc.	xie Hwy	DO NOT WRITE IN TH	HIS SPACE
City & State ANTANA FL	City & State LANTAN A F	٠.	4. FEI Number 65-0984793	Applied For Not Applicable
33467 Country	33462	Country	5. Certificate of Status Desired	\$8.75 Additional
A CONTRACT OF THE PARTY OF THE		0 0	7. Name and Address of Current Registe HER CHARIOS	ered Agent
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		POD G	RATON F	Zio Code
8. The above named entity submits this statement for	the purpose of changing its	registered office or register		am familiar with, and accept
the obligations of registered point. SIGNATURE Signature, the of pentiag name of registered agont an	od Bille if applicable. (NOT	HARUS 5 E: Registered Agent signature requires	cles 4/	191/03
January May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of S		a linguage and a second as	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS AND D			Washington Company Company	(1) 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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TITLE NAME STREET ADDRESS CITY-S1-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	action 119.07(3)(i), Florida Statutes. I further	

Indicated on this report or supplier ental 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 10 or on an attachment with an address, with all other like empowered.

GNATURE:

GNA

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SIGNATURE:	, .
GIGHAL GILL.	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Jeo 3 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

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DOCUMENT 1. Entity Name	# P0000	0021168			
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2. Principal Place of Bus		3. Mailing Address	**************************************		
Suite, Apt. #, etc.	lixie Hwy	Suite, Apt. #. etc.	rie Hwy	DO NOT WAITE	E IN THIS SPACE
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33462	Country	33462	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
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the obligations of regis		the purpose of changing its	registered office or register	ed agent, or both, in the State of Flor	ioa.) am ramiliar with, and accept
SIGNATURE	Jsul	CHARLES	Schel		121103
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12. 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 10 or on an attachment with an address, with all other like empowered.					
SIGNATURE: _	T. PAJIMA		PAJAMAILI DR DIRECTOR	u/2./03	561 - 547 -6708
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ps 4/24

EASTVIEW HOLDINGS, INC.

1116 S. Dixie Highway Lantana, FL 33462

April 21, 2003

The Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir:

Re: Eastview Holdings, Inc. P 00000021168

The registered agent for the above corporation changed his address in January 2002. He advised the post office of the change. However, he never received the first or the second reminder to file the annual report for the corporation. As a result we never filed this report until our new accountant asked us if the fee has been paid. We would appreciate it if you would accept the check for \$150.00 for the 2002 year and abate the penalty.

We further enclose a check in the amount of \$150.00 for the 2003 annual report.

We apologize for any inconvenience caused.

Sincerely,

Timo Pajamaki President