## 2003 FOR PROFIT CORPORATION

## FILED May 13, 2003 8:00 am Secretary of State 04-23-2003 90071 050 \*\*\*150.00

SINDAPPED PROCESS INC. 5149 BOYNTON BCH R. 39465  2. Principal Place of Business SYR	1. Entity Nan	- <del>-</del>	UU22425			150.00	
Suite Apt F, etc.  Suite Apt F,	351 N. CONG	RESS AVE. #134	351 N. CONGRESS AVE., #1	34	5564020	)4	
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Signature and Address of Current Registered Agent  7. Neine and Address of New Registered Agent  7. Neine and Address of New Registered Agent  8. The above named arity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the originations of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the originations of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the originations of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the originations of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the originations of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the originations of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the originations of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the originations of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the originations of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the originations of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the originations of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the originations of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the originations of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the origination of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the origination of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the origination of registered agent, or both, in the State of Florida. I am Itemiliar with, and accept the origination of registered agent, or both, in the Stat	SUM	merfield FL	Summer f	eld FL	NIII APPIII ARIF	<del></del>	
ULPRAS, PATRICIA 1205 NW 13TH AVE.  BOYNTON BCH FL 33426  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamilar with, and accept the coligations of registered agent, or both, in the State of Florida. I am hamilar with, and accept the coligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS 150.00  After May 1, 2003 Fee with be \$550.00  Make Check Payaghs to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N1 1  THE NAME  SIRET ADDRESS  SIRET ADDRESS  CITY ST. ZP  BOYNTON BEACH FL 33084  THE  UCHTHOUSE POINT FL 3	z 244	191 Country	-Zip 3-4491-		5. Certificate of Status Desired	idditional fred	
DUPRAS, PATRICIA 1205 NW 13TH AVE. BOYNTON BCH FL 33428  City FL Zer Code  City FL Zer Code  6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, provide present area of registered agent.  FILE NGWITI FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Cheack Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  DUPRAS, PATRICIA E MS  STRET JORGES  CITY-S1-2P  TITLE  MAY  MOUNTAIN, ROBERT W  STRET JORGES  CITY-S1-2P  TITLE  Delete  ITTLE  Delete  ITTLE  MAY  STRET JORGES  CITY-S1-2P  TITLE  MAY  STRET JORGES  CITY-S1-2P  TITLE  Delete  ITTLE  MAY  STRET JORGES  CITY-S1-2P  TITLE  MAY  STRET JORGES  CITY-S1-2P  TITLE  MAY  STRET JORGES  CITY-S1-2P  TITLE  MAY  MAY  MAY  MAY  MAY  MAY  MAY  MA	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
1205 NW 13TH ÁVE BOYNTON BCH FL 33426  City FL Zp Code  State Indicated agont, or both, in the State of Florida. I am familiar with, and accept dependent of State and accept dependent o	DUPRAS.	PATRICIA	<del></del>			<del></del>	
### City   FL   Zip Code  ### City   FL   Zi	l .				Street Address (P.O. Box Number is Not Acceptable)		
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 Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	BOYNTON	I BCH FL 33426					
SIGNATURE  System typical or privated arginal septiated agent and site if appacable. (NOTE Registered Agent speaker required when retrigitating)  PRILE NGW/III FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State  10.				City	FL Zip Co	ode	
FILE NGWIII FEEI IS \$150.00 After May 1, 2003 Fee will be \$55.00 Make Check Payable to Florida Department of State  10.							
After May 1, 2003 Fee will be \$\$50.00   See will be \$\$50.00   Addition   Addi	SIGNATURE .		d stie if applicable. (NOTE: Re	gistered Agent signature require	od when reinstating) DATE		
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SIGNATURE:

SIGNATURE REQUIRED

BIGNATURE AND TYPED OF PRINTED NAME OF SIGNAMO OFFICER OF DIRECT