FOR PROFIT CORPORATION

1	MILOUM POSIN	coo neron	, lo	DNJ		an see .		L,
DOCU 1. Entity Nam	MENT # P00000027				pare pare		·	
THE CORNWALL GROUP, INC.						03 JUN -6 PM		
	DO NOT WRITE	PAC	Æ		SECRETARY OF TALLAHASSEE, F			
	Place of Business	3. Mailing Address	3. Mailing Address SAME			07/02/03010	19006	8 **150.00
10145 N.W. 19TH STREET Suite. Apt. #, etc.		Suite, Aot. #. etc.				DO NOT WRITE IN THIS SPACE		
City & State MIAMI, FL		City & State			4. FE	4. FEI Number 656338509 Applied For Not Applied by		
Zip 33172	Country	SAME	Country		5. Co	ertificate of Status Desired		8.75 Additional se Required
,				4	7. Nan	ne and Address of Current R	gistered A	gent
· 第一字				Name DAVID SHOPAY				
DO NOT WRITE				Street Add	dress (P.O. Bo	P.O. Box Number is Not Acceptable)		
IN THIS SPACE						19TH STREET		
				City MIA	MI		FL	Zip Code 33172
	named entity submits this statement fo	or the purpose of changing its	s register	ed office or re	egistered age	nt, or both, in the State of Florid	la. I am fam	iliar with, and accept
the obligat	tions of registered agent.	10 0						
SIGNATURE / Aud N. Show 6-4-03								
Signature, typed sentinted name of registered agent and little if applicable. (NV E.Fe)				d Ageni signature	required when rein	staling)	DATE	
January 1 - 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 State						Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees
10.	OFFICERS AND	<u> </u>] ,		**. w* ***	san in the same of	çıı h.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Shopay 10145 N.W. 19th Street, M	iami, FL 33172		1 T				334B (12/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Shopay 10145 N.W. 19th Street, M	iamì, FL 33172	1.0	. % .			*;;	CR2E034B
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alfredo Gasteazoro 10145 N.W. 19th Street, M	liami, FL 331 7 2				DO NOT V		E
TITLE NAME. STREET ADDRESS CITY-ST-ZIP	D Rebecca L. Shopay 10145 N.W. 19th Street, M	iami, FL 33172	- F 65			IN THIS S	PAC	E
TITLE NAME STREET ADDRESS		1/100	NTU NAM STRE	ET ADDRESS	1			

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.

LITY-ST-ZIP

STREET ADDRESS TY-ST-ZIP

. Title

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-4-03 Date

Daytime Phone #





June 5, 2003

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, Fl. 32314

To Whom It May Concern:

By means of this letter, we are requesting that the late filing fee be waived; do to our corporation not receiving the UBR from the state.

Thank you,

David H. Shopay

Director, Cornwall Group, Inc.