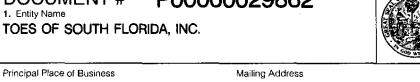
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000029862 DOCUMENT

1. Entity Name

SIGNATURE:



FILED Apr 16, 2003 8:00 am Secretary of State

Daytime Phone #

04-16-2003 90176 038 ***150.00

3890 W COMI FT LAUDERDA				W COMMERCIAL B AUDERDALE FL 333						
2. Principal Place of Business			3. Mai	3. Mailing Address						ALMA 1101 1461
Suite, Apt.	#, etc.		Suit	e, Apt. #, etc.	,		CHECK HERE IF MAKING CHANGES			
City & Stat	e		City	City & State			EK-NORGRA			plied For at Applicable
Zip		Country	Zip		Country		5. Certificate of Status Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
MILLER, WESLEY J 3890 W COMMERCIAL BLVD, SUITE 214 FT LAUDERDALE FL 33309						Name Street Address (P.O. Box Number is Not Acceptable)				
6, 17,					City	· <u></u>		FL	Zip Code	
	named entitions of regist		t for the purp	ose of changing it	s registered offic	ce or registere	d agent, or both, in the State of Flo	rida. I am fa	miliar with, a	and accept
SIGNATORE .	Signature, typed	or printed name of registered ag	ent and title if app	olicable. (NO	TE: Registered Agent	signature required v	hen reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							9. Election Campaign Fin Trust Fund Contribution			May Be to Fees
10.		OFFICERS AN	VD DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTORS	3 IN 11
TITLE NAME Street Address City-St-Zip		/ESLEY J OMMERCIAL BLVD, RDALE FL 33309	SUITE 214	Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			☐ Change	Addition
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12. I hereby of indicated of the corrochanged,	certify that the on this repor poration or th or on an atta	e information supplied v t or supplemental reporter te receiver or trustee en achment with an supplied	vith this filing I is true and howered to I, with all oth	does not qualify fo accurate and that execute this report er like empowered	or the exemption my signature sh t as required by f.	stated in Sec all have the sa Chapter 607,	tion 119.07(3)(i), Florida Statutes. I time legal effect as if made under of Florida Statutes; and that my name	further certi ath; that I ar appears in	fy that the in an officer of Block 10 or	formation or director Block 11 if