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Save Your Par	IERS, INC.					FIL	ED	
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Principal Place of Business	3. Mailing	Address						
Suite, Apt. #, etc.	Suite, Ap	pt. #, etc.		-	DO NOT WR	ITE IN THIS	S SPACE	
City & State	City & St	tate		4. FEI Numb			<u> </u>	pplied For ot Applicable
Zip Country	Zip		Country		of Status Desired		\$8.75 Ad	ditional
6. Name and Address	s of Current Registered A	gent		7. Name an	d Address of New	Registere	<del></del>	
FABIO RICETTI			Name					
3920 Wood <b>s</b> it	E Dr.		Street Addr	ress (P.O. Box Numb	er is Not Acceptab	le)		********
#5								
bral Springs, t	FL 33065		City	,		F	Zip Coo	te .
The above named entity submits this	statement for the purpose	of changing its	registered office or rec	pistered agent, or be	oth, in the State of F	lorida.		
Signature, typed or printed name of This corporation is eligible to satisfy Tax filing requirement and elects to o	do 80Af	FILE NOW!	Registered Agent regressive in III FEE IS \$150:00 01 Fee will be \$550	.00 10. E	lection Campaign F		\$5.0	00 May Be
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October 18, 2001

Uniform Business Report Division of Corporations P.O.Box 1500 Tallahassee, FL 32302-1500 1-850-488-9000

To Whom This May Concern:

This-letter is to inform you that this is my second attempt to remit my Uniform Business Report. I remitted the original form that was mailed to me with a money order of \$150.00 however, I was informed today that this was never received and that I should send in a letter stating that this is my second attempt along with the form (printed from online services) and \$150.00 so I would not have to pay the penalty fees. If anything else is needed I can be reached at (954) 594-8834.

Thank you for your help in this matter.

Sincerely,

Fabio Ricetti