2006 FOR PROFIT CORPORATION

FILED 00 AN State

Feb 09, 2006 08:00		
Secretary of State		
01092006 No Chg-P CR2E034 (11/05) 4. FEI Number Applied For 65-0991206 Not Applicable		
5. Certificate of Status Desired \$8.75 Additional Fee Required		
DO NOT WRITE		
IN THIS SPACE		
registered agent, or both, in the State of Florida. I am familiar with, and accept re required when reiffstating)		

SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE Registered Agent sig	nature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
TIFLE NAME STREET ADDRESS CRY-ST-ZIP	P FRASER, CORI 2030 S OCEAN DR #103 HALLANDALE BEACH, FL 33009			U00000425879	
TITLE NAME STREET ADDRESS GITY-ST-ZIP				02/20/06-80020-025 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P. 4			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

I hereby certify that the information supplied with this Tilling does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attackment with an address, with all other like empowered.

GNATIBE:

SIGNATURE: