FILED May 05, 2003 8:00 am §

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam		0004	7076			05-05-2003 90314 045 ***150.00	
Principal Place	e of Business		ng Address DAVIE BLVD			v	
_	RDALE FL 33312		LAUDERDALE FL 333	12			
2. Principal F	Place of Business T (Panica Mos	ſ	iling Address	nisy Mo		A REGINEOL PHE GRAN DRAIL ORAIL BOARL BOARL BOARL BARRE HORSE BOARL INGHA ORAIL RODA	
Suite, Apt.	#, etc.	Suit	e, Apt. #, etc.	o- 107		CHECK HERE IF MAKING CHANGES	
City & Stat	le T	City	& State	<u> </u>	4	4. FEI Number 52-2238551 Applied For	
Zip	Country Country		vocarily,	Country		CR 75 Addition 1	
333/	19 USA		3319	USA		Fee Required	
	6. Name and Address of Curre	nt Register	ed Agent	Name	7	7. Name and Address of New Registered Agent	
WILLIAMS	S, VICKY			Street A	ddress (PO	D. Box Number is Not Acceptable)	
3905 DAVIE BLVD					o I sparish MOSI, Unit 3 HAT 107		
FORT LA	UDERDALE FL 33312			Lau	porni	u, FL 33319	
	named entity submits this statement tions of registered agent.	for the purp	ose of changing its re	egistered office or	registered a	agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE .	-						
OIGIVATORE.	Signature, typed or printed name of registered ago	ent and title if app	olicable. (NOTE: F	Registered Agent signat	ure required whe	en reinstating) DATE	
	LE NOW!!! FEE IS \$150.00	^				9. Election Campaign Financing \$5.00 May Be	
	r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department					Trust Fund Contribution. Added to Fees	
10.	OFFICERS AN	D DIRECTO	PRS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	PD WILLIAMS, VICKY		☐ Delete	TITLE NAME		<u>,⊠</u> Change	
STREET ADDRESS	3905 DAVIE BLVD			STREET ADDRESS	3330	I semisy moss, unit 3, ADT 107	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312			CITY-ST-ZIP	9	enile, FL 33319	
TITLE NAME	V		☐ Delete	TITLE NAME	ļ	☐ Change ☐ Addition	
STREET ADDRESS	WILLIAMS, SANDY 3905 DAVIE BLVD			STREET ADDRESS	333	O I SPAISH MOIS, UNIT 3, APT 107	
CITY-ST-ZIP	FORT LAUDERDALE FL 33317	-6309		CITY-ST-ZIP		serile F433319	
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS				NAME Street address	,		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS				NAME STREET ADDRESS	ı		
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	,		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS	٠			NAME STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE			☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS				NAME Street Address			

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GECYNINER BEDURED

Daytime Phone #