2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE REQUIRED

SIGNATURE: _

DOCUMENT # P0000058015

1. Entity Name

CAREFREE LIFESTYLES INC.



FILED Mar 07, 2003 8:00 am Secretary of State

02-21-2003 90218 050 ***150.00

Principal Place of Business Mailing								
· · · ·	g Address IT STREET			-				
W. AND	z Mi Beach FL 33139) 20 10 11 02 2 011 104	[
1301 Alton Road 13	ng Address Ol Alton	Road		1 100H 001 141 48 HH 0	Alik Balih Balik Balih	12 1101 11101 11101	63 191 1291 110	ļ
Suite, Apt. #, etc. Suite	, Apt. #, etc.			☐ CHE	CK HERE IF MA	AKING CHAN	NGES	
	s State Piami Beac	hF13	3139	FEI Number 65-1	07 14 16		Applied For Not Applica	ble
33139 GSA 33	139	ountry USA		Certificate of Status		Fee Re	5 Additional equired	
6. Name and Address of Current Registered	Agent:	Name		Name and Address	of New Regist	ered Agent	<u> </u>	\dashv
MAROTTA, GARY	·	Street 6	ddroce (P.O.	Box Number is Not A	anantable)			{
227 1ST STREET		130	DI"AL	Box Number is Not A	20			
SUITE 2								İ
N. MIAMI BEACH FL 33139		Phi	ami P	mach 1		FL 契	Staa	ヿ
The above named entity submits this statement for the purpo the obligations of registered appnt.	se of changing its regis	stered office or	registered a	gent, or both, in the S	State of Florida.	i am familiar	with, and acce	ot
SIGNATURE Signature, typed or printed name of registered agent and title if applic	able. (NOTE: Regis	stered Agent signate	ute required when	reinstating)		DATE		
FILE MANUEL PEE IS ALTO SE				·				\dashv
FILE NOW!!! FEE IS \$150.00				A 51				
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