

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90206 043 ***150.00

DOCUMENT #		P00000059085	
1. Entity Name ATTRACTIVE FINANCING, INC.			
Principal Place of Business 4971 N. UNIVERSITY DR. SUITE 2405 SUNRISE FL 33351		Mailing Address 9341 NW 33RD PLACE SUNRISE FL 33351	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
MEDINA, RAQUEL 9341 NW 33RD PLACE SUNRISE FL 33351			Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS			
TITLE	P MEDINA, RAQUEL <input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS	9341 NW 33RD PLACE		STREET ADDRESS
CITY-ST-ZIP	SUNRISE FL 33351		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete		TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

CR2E034 (9/01)