2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000059866

ACCOUNTING AND SYSTEMS SERVICES, INC.



			Soo WE TO ST			
Principal Place of Business 100 KINGS POINT DR.		Mailing Address 100 KINGS POINT DR.				
#1506 SUNNY ISLES BEACH FL 33160		#1506 SUNNY ISLES BEACH FL 33160		COMMENSAL DE MANTE MANTE MARTE ANTE MANTE BARRE D	BATED IDADI IBIID DAID DUN IADI	
VO/ \VEEL	, 52 , 13 12 55 , 15	00/(1// /0220 02/0// /2				
2. Principal Place of Business		3. Mailing Address		-	'911 0 16:0 1 10199 01530 0 169 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-1020687	Applied For Not Applicable	
Zip	Country	Zip	Country		\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		7. Name and Address of New Registered A	gent	
5.542.)			Name	Name		
100 KING	AN, JULIO C S POINT DR.		Street Address ((P.O. Box Number is Not Acceptable)		
#1506	- W *					
SUNNY ISLES BEACH FL 33160			City	FL	Zip Code	
	named entity submits this statement ions of registered agent.	t for the purpose of changing its	registered office or register	red agent, or both, in the State of Florida. I am for	amiliar with, and accept	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	E: Registered Agent signature required	d when reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 c Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AN	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
TITLE NAME STREET ADDRESS	P SOMEILLAN, JULIO C 100 KINGS POINT DDR. APT.	Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 3310		CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE		Change Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE NAME		☐ Delete	TITLE NAME		Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NÂME			NAME			
STREET ADDRESS			STREET ADDRESS			
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NAME			NAME		}	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
					Change T Addition	
TITLE		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			

May 02, 2003 8:00 am & Secretary of State

05-02-2003 90103 047 ***150.00

CR2E034 (10/02)

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 receipt of a 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. 305-868-4624

SIGNATURE:

CITY-ST-ZIP

REJulionCESomeillan - Pres

CITY-ST-ZIP

Daytime Phone #