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## **2003 FOR PROFIT CORPORATION**

DOCUMENT # P0000069251  1. Entity Name BYERS ENTERPRISE, INC.					Secretary of State 04-28-2003 90338 006 ***150.00	
Principal Place of Business 9651 NORTHWEST 47TH STREET LAUDERHILL FL 33351		Mailing Address 8651 NORTHWEST 47TH STREET LAUDERHILL FL 33351			A 1880 Ber in Brit Brit Brit Brit Brit Brit Brit Brit	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & Stat	te	City & State			4. FEI Number 65-1025839	
Zip	Country	Zip~	Country	/ T	5. Certificate of Status Desired	
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent	
			Name	$\Lambda$ $\sim$ $\lambda$	rew M. Byers	
WALTZER, CRAIG A  20801 BISCAYNE BOULEVARD			Street Ad	dress (P.C	O. Box Number is Not Acceptable)	
SUITE 408	3-80					
AVENTURA	A FL 33180		City	uder	till FL 3555	
the obligat	Signature, typed of rinted name of registered agent a	ra Byers	Pres. Registered Agent signature		d agent, or both, in the State of Florida. I am familiar with, and accept  4-24-0-3  hen reinstating)  DATE  9. Election Campaign Financing  \$5.00 May Be	
Make Checl	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	1			Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
CITY-ST-ZIP	BYERS, ANDREW MICHAEL 8651 NORTHWEST 47TH STREET LAUDERHILL FL 33351	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
IAME	ST BYERS, ADRIANA JOAN 8651 NORTHWEST 47TH STREET LAUDERHILL FL 33351	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
ITLE IAME ITREET ADORESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
itle IAME Street Adoress Sty-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is	true and accurate and that m wered to execute this report a	y signature shall hav	ve the san	ion 119.07(3)(i), Florida Statutes. I further certify that the information me legal effect as if made under oath; that I am an officer or clirector florida Statutes; and that my name appears in Block 10 or Block 11 if	

SIGNATURE:

Daytime Phone #