2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED Jul 25, 2003 8:00 am Secretary of State

DOCUMENT # P0	07-25-2003 90095 050 ***150.00					
5203 SW 202 WAY 5203 SW 2		ng Address SW 202 WAY PROKE PINES, Ft. 33332		TATTAAT		
2. Principal Place of Business	3. Mailing	Address				
Suite, Apt. #, etc.	Suite, A	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State	City & S	City & State		0.5 4000500		Applied For Not Applicable
Zip . Countr	y Zip	Cour	ntry	5. Certificate of Status Desired	See Requi	dditional red
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent Name			
GÖNZALEZ, ORLANDO 5203 SW 202ND WAY PEMBROKE PINES, FL 33332	enta.		Street Address (P.O. Box Number Is Not Acceptable)			
d ,			City		FL Zip Co	ode
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
Signature, typod or primed righter of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOWILL FEE I After May 1, 2003 Fee Amended UER is Make Check Payable to Florida	will be \$550.00 161.25			Election Campaign Finar Trust Fund Contribution.	~ _ ~	00 May Be ed to Fees
	OFFICERS AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC		
NAME GONZALEZ, ORLA STREET ADDRESS 6203 SW 202ND W CITY-ST-ZP PEMBROKE PINES	/AY	18			Change	CRZE034 (10/02)
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TITLE NAME STREET ADDRESS CITY-ST-ZP		Delete Trill	E		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP	· ·	Delete TITLI	<u> </u>	* 1. <u> </u>	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		y	1		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-2P	• /	_	}		☐ Ctange	☐ Addition
12. I hereby certify that the information supplied with this filling 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 frue 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 tike expowered.						

SIGNATURE AND TOPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

Attachment 10110401

AGO BROTHERS CORPORATION 5203 S.W. 202ND WAY PEMBROKE PINES, FL 33332 954/448-2302

Division of Corporation Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

REF: P00000072069
Uniform Business Report

To whom it may concern:

Please find enclosed \$ 150.00 with a Uniform Business Report I downloaded from the Internet.

I never received any notice of renewal for # 2003. The address remains the same and therefore I can not understand why the report was never received.

I do hope that you will accept the enclosed check and the corporation will be activated.

Thank you and best regards,

Orlando Gonzalez

President