FOR PROFIT CORPORATION

FILED May 13, 2002 8:00 am

DOCUMENT # P 0 0 0 0 0 0 7 2 4 1 0						Secretary of State 05-13-2002 90094 016 ***150.00	
Dahdal, Inc.							
DO NOT WRITE IN THIS SPACE						· · · · · · · · · · · · · · · · · · ·	
2. Principal Place of Business 9 5 0 R STATE ROAD 59, 9.5 0 R ST			ATE RD 52			DO NOT WRITE IN THIS SPACE	
City & State HUDSON, FLOPIDA HUDSON, State Zip Country Zip			T	≥Lo P_TDA		FEI Number Applied For 59-3659 663 Not Applicable	
34669 34669						Certificate of Status Desired \$8.75 Additional Fee Required	
	,	,		Name		ame and Address of Current Registered Agent	
DO NOT WRITE				THE SALDE			
IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable) 9508 STATE POAD 52			
8. The above named entity submits this statement for the purpose of changing its re				City HUDSON FL Zip Code 34669			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when a signatur					ired when r	40 Floring Committee Commit	
(See criteria on back) Amended Make Check Payable			d UBR is	UBR is \$61.25 to Department of Stat		Trust Fund Contribution. Added to Fees	
NAME STREET ADDRESS	DP DAHDAL E F P 9508 STATE P HUDSON, FL 3	I 0AD 521					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	· <u></u>		
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ITLE IAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREE CITY-S	r address St-Zip		IN THIS SPACE	
ITLE IAME STREET ADDRESS CITY-ST-ZIP			THILE NAME STREET CITY-S	ADDRESS ST-ZIP			
ITLE IAME ITREET ADDRESS EITY-ST-ZIP	·		CITY-S			:	
IAME ITREET ADDRESS ITY-ST-ZIP	tify that the information supplied with this this report or supplemental report is tru	s filing does not qualify for e and accurate and that m	NAME STREET CITY-S	T-ZIP	Section 1	: 119.07(3)(i), Florida Statutes. I further certify that the information equal 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-02 Date Daytime Phone #