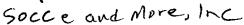
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Q DODOOD 8081





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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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2. Principal Place of Business
2. Principal Place of Business
2. Suite, Apt. #, etc.

2. Principal Place of Business
3. Mailing Address
15// N.W. 47/A-V-E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

LAUDeRhill. 14. 4. FEI Number

LAUDeRhill. 14. 4. FEI Number

LAUDeRhill. 15. Country

Zip

Country

BROWARD 33313 BROWARD 33313 BROWARD. 5. Certificate of Status Desired

Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name JEAN SADHAI
Street Address (P.O. Box Number is Not Acceptable)

2790 N. W. 35 HVE.

City FL Zig Code 3331/

8.	The above named entity	submits this stateme	nt for the purpose	of changing i	ts registered	office or registered	agent, or both,	in the State of Florida.	I am familiar with,	and accept
	the obligations of registe	red agent.								

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
After May 1, Fee is \$550.00
A)nexided UBR is \$61.25

(NOTE: Registered Agent signature required when reinstating)

DATE

Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE 200021080642 NAME NAME JEAN SHUTTAN LAUDENDHICKER 2790 N.W.35 AVE. 46.33311 06/23/03--01059--006 (**150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-SI-ZIP CITY-ST-ZIP THE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Plesidant CER OR DIRECTOR

4/18/03

Daytime Phone #

CR2E034B (12/02)