2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000081227 **DOCUMENT#**



FILED May 01, 2003 8:00 am § Secretary of State

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Suite, Apt. 4, etc. City & State Country Tip Country Tip Country To S. Certificate of Status Desired S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name MATHIS, MIGNYUAN M 1000 SAYAGE COURT STE 218 LONGWOOD FL 32750 City	740 FL CENTRAL PKWY 740 FL CENTRAL PKWY #2012 #2012															
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MATHIS, MIGNYUAN M 1000 SAVAGE COURT STE 218 LONGWOOD FL 32750 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 at the obligations of pagistered digent. SIGNATURE **TILE NOW!!! FEE IS \$150.00 **After May 1, 2003 Fee will be \$\$50.00 **Make Check Payable to Florida Department of State **OFFICERS AND DIRECTORS** OITY-S1-2P **OTY-S1-2P **OTY-S1-2P **OTY-S1-2P **OTY-S1-2P **OTY-S1-2P **OTY-S1-2P **OTY-S1-2P **OTY-S1-2P **OTY-S1-2P **TILE **ONGWOOD FL 32750 **OTY-S1-2P **OTY-S1-2P **TILE **ONGWOOD FL 32750 **OTY-S1-2P **OTY-S1-2P **OTY-S1-2P **OTY-S1-2P **OTY-S1-2P **OTY-S1-2P **OTY-S1-2P **OTY-S1-2P **OTT-S1-2P **OTH-S1-2P **OTH-S1-2	Zip		Country -	Zip	~	- Counti	ry	-	5. Certif	icate of Sta	tus Desir	ed		3.75 Ade e Require	ditional ditional	
MATHIS, MIGNYUAN M 1000 SAVAGE COURT STE 218 LONGWOOD FL 32750 City LONGWOOD FL 32750 Date FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1,		6. Name	and Address of Current	Registere	d Agent				7. Name	and Addr	ess of Ne	ew Regis	stered Ago	ent		
Sirent Address (P.O. Box Number is Not Acceptable) Sirent Address (P.O. Box Number is Not Acceptable) The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florica. I am familiar with, and a state of pegistered agent. SIGNATURE Signatural and various distinct from the purpose of changing its registered diffice or registered agent, or both, in the State of Florica. I am familiar with, and a state of pegistered agent. SIGNATURE Signatural and various distinct from the purpose of changing its registered diffice or registered agent, or both, in the State of Florica. I am familiar with, and a state of pegistered agent. SIGNATURE Signatural and various distinct from the purpose of changing its registered diffice or registered agent, or both, in the State of Florica. I am familiar with, and a state of pegistered agent, or both, in the State of Florica. I am familiar with, and a state of pegistered agent, or both, in the State of Florica. I am familiar with, and a state of pegistered agent, or both, in the State of Florica. I am familiar with, and a state of pegistered agent, or both, in the State of Florica. I am familiar with, and a state of pegistered agent, or both, in the State of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar with, and a state of Florica. I am familiar wit	MATHIC	MICKIVITAKI	м		•		Name MA	THI	15, N	NENYU	AN	м.				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the both state of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a special with the obligations of paylistered agent. SIGNATURE Signature Signature value Signature va							Street Addre	ess (P.	O. Box N	mber is N	ot Accep	table)	# 20	112		
B. The above named contriv submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. I am familiar with, and a state of postate of agent. SIGNATURE STEATURE								770	o FL	CENIZ	776 1-	<u> </u>	,, 22-4	,		
A. The above named entity submits his statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and is the obligations of projected agent.							City LO.	NGI	WOOD				FL	Zip Cod	e 750	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME MATHIS, MIGNYUAN M 740 FL CENTRAL PKWY #2012 LONGWOOD FL 32750 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME BROOKS, ANGELO A 740 FL CENTRAL PKWY #2012 LONGWOOD FL 32750 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-ST-2IP 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE NAME STREET ADDRESS CITY-S	8. The above the obligat	named entity tions of regist	submits this statement for ered agent.	r the purpo	ose of changing its	registere	d office or regi	istere	ed agent, c	er both, in th	ne State o	of Florida	. I am fam	iliar with,	and accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME NAME NAME CHIRCLE PRIVE #2012 LONGWOOD FL 32750 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 NAME NAME NAME NAME NAME NAME NAME NAME	SIGNATURE .	Signature typed	of printed name of registered agent a	and title if appli							Vi			<i>•03</i>		
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MATHIS, MIGNYUAN M \$\frac{4}{7}\text{PET ADDRESS} \\ \text{CITY-ST-ZIP} \\ \text{LONGWOOD FL 32750} \\ \text{CITY-ST-ZIP} \\ \text{Delete} \\ \text{NAME} \\ \text{STREET ADDRESS} \\ \text{CITY-ST-ZIP} \\ \text{UNGWOOD FL 32750} \\ UNGWOOD FL 327	10.		OFFICERS AND	DIRECTOR	RS	11.	•		ADDITIO	NS/CHAN	IGES TO	OFFICE	RS AND D	RECTOR	S IN 11	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. PRESIDENT

SIGNATURE: