FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2003 8:00 am Secretary of State

			• / •		_	Secretary of	Dunce	
DOCUMENT # P00000084765 1. Entity Name Something Extra-Plus, corp.						. 04-30-2003 90157 050 ***150.00		
DO NOT WRITE IN THIS SPACE								
2. Principal I	Place of Business,	3_Mailing Address	and the Co. Other provides in a	<u> </u>		••		
280	NF 40 00 17.0. Rox 23426					•		
Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WRITE IN THIS SPACE		
Gity & Star	to d Park H	City & State Pa	J FI			Number 5 - 1040312	Applied For Not Applicable	
333	24 Country	Zip 2334	Country A			entificate of Status Desired	75 Additional Required	
1 William (17 and	AMPRICATION OF THE PROPERTY OF				7. Nan	Name and Address of Current Registered Agent		
表等的	Name & ()-							
	DO NOT WOITE Darbara J. Corrigion							
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8 The above	named existing signal as with a hamon	the currecce of changing its re	eristered office or	(/C/	<u> </u>	//	20217	
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				` . -	<u> </u>	Light service with		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE								
	nusry 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of S	itale				Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND D		Total World William	MITA IN	1500		OPPERATOR OF	
TITLE	17-7-5-D-C-M-		nite 3 1 4 4	100 C	A - 1 Th.		2 1272	
NAME '	Bertara) Carrina	ton	NAME A	1361				
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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 eath; 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.								
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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03 954-564-8274 Days Phone #