W PORT RICHEY FL 34632         IEW PORT RICHEY FL 34632         III 0002 ////           Principal Pace of Business         3.637.3 Mark FL 52.4 PL 34632         IIII 0002 ////           Strin, Apl. P., sto:         Solo, Apl. P. sto:         Solo, Apl. P. sto:         Check Here is Marking CHANGES           Ciry & State         Ciry A State         4. FEI Number 59-3672110         Mark Apl. P. sto:         Initial Apl. P. sto:           Ciry & State         Ciry A State         4. FEI Number 59-3672110         Mark Apl. Example           7///         Country         s. Corriscate of Status Desired         35.7 A dational Proc Proceed Templatines Apple table           7///         Country         S. Corriscate of Status Desired         35.7 FA dational Proc Proceed Templatines Apple table           7///         Country         S. Corriscate of Status Desired         35.7 FA dational Proc Proceed Templatines Apple table           7///         Country         S. Corriscate of Status Desired         1002.7 FL           7///         Country         S. Corriscate of Status Desired         1002.7 FL           7///         Country         S. Corriscate of Status Desired         1002.7 FL           7///         Country         S. Corriscate of Status Desired         1002.7 FL           7///         Country         Status Apple table table         1002.7 FL		# P000	FIT CORPOR IESS REPOR 00085092		FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 90467 022 ***150.00	
Principal Pace di Budiness         Addition Address of Line 2014 Address         Addition Addres	33 UNIVERSAL PLAZA		-5419 DEAN STREET -NEW PORT RICHEY FL S 3633 UNIVERS	AL PLAZA		
Suite, Apt. #, etc.	Principal Place of Busin	ess	3. Mailing Address 3633 UNIVERSA	L PLAZA = 34652	4 (000)(000 ()) 000() 001() 001() 001() 001() 001() 001() 001() 001() 001() 001() 001() 001() 001() 001() 001()	
Zip     Country     Zip     Country     S. Certificate of Status Desired     Status Desired     Pixet Applicable       0     6. Name and Address of Current Registered Agent     7. Name and Address of New Regulatered Agent     7. Name and Address of New Regulatered Agent       PUMA, YVONNE C     Struct Address (PO. Box Number is Not Acceptable)     Struct Address (PO. Box Number is Not Acceptable)       City     FL     Zip Code       The above named antity submits this statement for the purpose of changing its registered office or registered agent. or both, in the State of Florde. Lean familiar with, and accept the coligitation of genetist agent agent.     Other State of Florde Control of the statement of the purpose of changing its registered agent. or both, in the State of Florde. Lean familiar with, and accept the coligitation of predistance of executes agent agent.       SNATURE     Epicon, hood or predistance or registered agent.     Other Execution Company financing     S5.00 May Be Asset to Flore Beatment of State       City     FL     Addition     S5.00 May Be Asset to Flore Beatment of State     Int financing     Addition Asset to Flore Beatment of State       City     FL     Addition     Int financing     Addition Company Control of State     Int financing     Change       City     FL     Addition     State to Flore Company Control of State     Int financing     Change     Addition       City     PUMA, JR, PAUL     Delefe     Int financing     Change	Suite, Apt. #, etc.		Suite, Apt. #, etc.			
Control of a standard bases of Current Registered Agent     Control of a standard Address of Current Registered Agent     Control of Address of Current Registered Agent     Control of Address of New Registered Agent     Control of New Registered Agent     New Registered Agent     Control of New Registered Agent	City & State		City & State		5953b/2110	
	Zip	Country	Zip	Country		
PUMA, YVONNE C         Streat Address (PD. Box Number is Not Acceptable)         City       FL         Streat Address (PD. Box Number is Not Acceptable)         City       FL         Zip Code         The above named enlip submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.         SMATURE       Expected tame of registered agent.         GMATURE       Expected tame of registered agent.         FILE NOW!!!       FELE \$150.00         Address for the purpose of changing its registered agent.       ONE         FILE NOW!!!       FELE \$150.00         Address for the purpose of the purpose	6. Name	and Address of Curre	nt Registered Agent			
See O Deax STREET See O Deax Number is Not Acceptable) Street Address (PO, Box Number is Not Acceptable) City  City City				Name		
City	5419 DEAN STREET			Street Addres	ss (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 Florida. I am familiar with, and accept the obligations of registered agent.  SNATURE  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 accept the obligations of registered agent.  SNATURE  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 accept the obligations of registered agent.  SNATURE  THE NOW!!! FEE/IS \$150.00  Agent May 1, 2003 Fde-will be \$Fefered?  Added to Fese  Added to Fese  Added to Fese  PD  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  E  PD  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  E  PD  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  E  PD  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  E  PD  OFFICERS AND DIRECTORS  11.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  E  PD  OFFICERS AND DIRECTORS  Corrs-st.ap  PD  PUMA, YONNE  STRET ADDRSS  VS t.2P  E  Corrs-st.ap  Corrs-st.	NEW PORT RICHEY F	<sup>1</sup> L 34653				
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 accept the obligations of registered agent.  SNATURE  Experied reprinted name of registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona registered agent and the flagolecide.  (VOTE Registered Agent lagona regis				City	FL Zip Code	
the obligations of registered agent:  SANTURE  Signature, synd or presed rame of registered agent and their supplement Agent algentare required when elivation()  Afger May 1, 2003 Fde-will be \$566:00  Afger May 1, 200  Afger May	The above named entity	v submits this statemen	t for the purpose of changing it	is registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and acce	
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Adger May 1, 2003 Fés-will be \$456500       \$30.00 May 9e         ako Check Payable to Florida Department of State       Trust Fund Contribution.       Added to Fee         A.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         Le       PD       Delete       TITLE       Change       Addition         VIEW PORT RICHEY FL 34653       Delete       TITLE       Change       Addition         VIEW PORT RICHEY FL 34653       Delete       TITLE       Change       Addition         VIEW PORT RICHEY FL 34653       Delete       TITLE       Change       Addition         VIEW PORT RICHEY FL 34653       Delete       TITLE       Change       Addition         VIEW PORT RICHEY FL 34653       Delete       TITLE       Change       Addition         VIEW PORT RICHEY FL 34653       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         VIEW ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         VIEW ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P         VIEW ADDRESS       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P       CITY-ST-2P <th></th> <th></th> <th></th> <th>TE: Registered Agent signature requ</th> <th></th>				TE: Registered Agent signature requ		
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We     PUMA, YVONNE     NAME       VEET ADDRESS     5419 DEAN STREET     STREET ADDRESS       V-ST-2P     NEW PORT RICHEY FL 34653     CITV-ST-2P       VE     VD     Delete     TITLE       WE     PUMA, JR, PAUL     MAME       V-ST-2P     FLUSHING NY 11355     CITV-ST-2P       V-ST-2P     FLUSHING NY 11355     CITV-ST-2P       V-ST-2P     Delete     TITLE       V-ST-2P     CITV-ST-2P       V-ST-2P     CITV-ST-2P       V-ST-2P     Delete       V-ST-2P     Delete       V-ST-2P     CITV-ST-2P       VE     Delete     TITLE       V-ST-2P     CITV-ST-2P       V-ST-2P	).	OFFICERS At	ND DIRECTORS	11.		
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LE Delete TITLE Change Addition ME ELET ADDRESS Y-ST-ZIP . 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	ME KÉÉT ADDRESS Y - ST - ZIP LE ME KEET ADDRESS Y - ST - ZIP LE	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		
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