FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 23, 2003 8:00 am Secretary of State

ONIFORM BUSINESS REPORT (UBN)			Secretary or State	
DOCUMENT # 00000090320 1. Entity Name			06-23-2003 90058 006 ***550.00	
Sloko Ventules Ameri		<i>y</i>		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 2155 XEAWIW UWE 2155 XEAWIE		ew Dewe		
Suite, Apt. #, etc. Suite. Apt. #. etc.			DO NOT WRITE IN THIS	
TIERLA VELDE, FL TIERLA VELDE		, FL	4. FEL Number 59-3672300	Applied For Not Applicable
33715 Country USA	33715	Country	3. Certificate of Status Desired	\$8.75 Additional Fee Required
Name /			7. Name and Address of Current Registered Agent	
DO NOT WRITE		Street Address	ress (P.O. Box Number is Not Acceptable)	
IN THIS SPACE		2155	2155 OCEANUTEN DRINE	
•		City Tie	ERA VELDE FL	Zip Code 3271)
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am fa	amiliar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and tale of applicable (NOTE: Registered Agent signature required when rienstating) DATE				
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND				
TITLE UNICTON DEMONDO A. STREET ADDRESS 2177 OCCUMUNICAL WINIC		TITLE NAME		CR2E034B (12/02)
CITY-ST-ZIP TICHE VEICH, FL 33715		STREET ADDRESS CITY-ST-ZIP	,	034B
MANE MONETTE, SCOT		TITLE NAME		SRZE
STREET ADDRESS 210 STANTON CILLIG		STREET ADDRESS		
		TITLE NAME		n
MAME STREET ADDRESS CITY-ST-ZIP TIEVE WEXCH, FE 3) 717		STREET ADDRESS	DO NOT WRI	re
THE THEYOUTH PE 3) TH		CITY-ST-ZIP TITLE	IN THIS SPACE	0,
NAME Street address		name Street address	IN THIS SPAC	-
CITY-ST-ZIP ITRE		CITY-ST-ZIP THLE	4 ,	- I
NAME STREET ADDRESS		NAME STREET ADDRESS	 	,
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME		TITLE NAME		
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CATY-ST-ZIP		.
12. I hereby certify that the information supplied with this filling 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 attemptor within or other receivers.				
SIGNATURE: SIGNATURE AND TYPED OR MONTED MANE OF SKINGLIG OFFICER OR DIRECTOR One Design Prince Control Contr				
COMMENSATIONE WAS LIBED ON P	LD POWE OF BROUGHT OFFICER C	M DRECION	Coste Dis	sytime Phone #