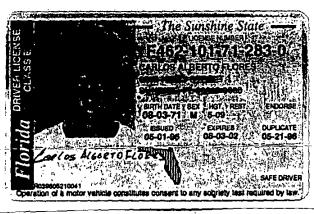
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000091739 1. Entity Name C.A.F. SERVICES, INC.						Mar 27, 2001 8:00 am Secretary of State 03-12-2001 90448 035 ***150.00				
U.M.F. OI	ENVICES, 1140.					03-12-200	1 90448 035 ***	150.00		
Principal Plac	e of Business	Malling Address			7					
6929 S.W. 19TH STREET POMPANO BEACH FL 33068		6923 S.W. 19TH STREET POMPANO BEACH FL 33068			-	-	υ μ υ.	-		
						- 1 18012801 111 82471 32411 02411 8047 8671	 			
2. Principal P	Place of Business	3. Mailing Address								
Suite, Apl.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	8	City & State			4.	4. FEI Number (55-105304) Applied For Not Applicable				
Zip Country		Zip Coun		lry	5.		S8.75 Add Fee Require			
	6. Name and Address of Current	Registered Agent		4-5	7.	Name and Address of New Regi	stered Agent	· · ·		
ALFARO, JACQUELINE				Name Carlos A. Flores						
7175 S.W. 8TH STREET SUITE 203				Street Address (P.O. Box Number is Not Acceptable)						
SUITE 203 MIAMUFL 33144				6923 S.W. 194h St.						
				City Pompoino Beach FL Zip 3306B						
8. The above	named entity submits this statement to	r the purpose of changing its	registere				a.			
SIGNATURE	GRIDS A F	TORCS and title if applicable. (NOT	E: Registered	d Agent eignature requ	ired when r	einstating)	3/9/01 OKTE	}		
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW After MAY 1, 20 Make Check Payal	001 Fee	will be \$550.0		10. Election Campaign Finance Trust Fund Contribution.		May Be to Fees		
11.	OFFICERS AND	DIRECTORS	12.		ΑĹ	DOITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	S IN 11		
TITLE	D CADIOCA	☐ Delete	TITLE NAME				Change	□ Addition S		
NAME STREET ADDRESS	FLORES, CARLOS A 6923 S.W. 19TH STREET			ET ADDRESS				8		
CITY-ST-ZIP	POMPANO BEACH FL 33068		CITY-	-ST-ZIP		<u> </u>		CRZEG34 (10/00)		
TITLE NAME	·	☐ Delete	TITLE				Change Change	□ Addition 55		
STREET ADDRESS			STREE	ET ADDRESS		•				
CITY-ST-ZIP			-1-	-ST-ZIP		, , , , , , , , , , , , , , , , , , , ,	Change	Addition		
TITLE NAME		☐ Delete	TITLE NAME	I		•				
- STREET ADDRESS* CITY-ST-ZIP				ET ADDRESS			· - · · · ·	'		
TITLE		Delete	TITLE				Change	Addition		
NAME	Mark Street Co. Street Communication		NAME		-,		سسي ۽ پيد ۽ ان ن			
STREET ADDRESS CITY-ST-ZIP	,	•		et aodress : -st-zip			•			
TITLE		☐ Detete	TITLE				☐ Change	Addition		
NAME STREET ADDRESS			NAME	E Et address		·				
CITY-ST-ZIP				-ST-ZIP						
TITLE		Delete	TITLE	I	-		Change	Addition		
NAME STREET ADDRESS		,	NAME STREE	ET ADORESS						
CITY-ST-ZIP				-ST-ZIP	· .					
of the cou	certify that the information supplied with I on this report or supplemental report is reportation or the receiver or trustee emp , or on an attachment with an address,	owered to execute this report	cas reduir	mption stated in ture shall have if red by Chapter (Section ne same 807, Flor	119.07(3)(i), Florida Statules, I fu legal effect as if made under oatl ida Statutes; and that my name a	ther certify that the in that I am an officer opears in Block 11 or	ntormation or director Block 12 if		
	,					11 6				

allachneens



This is my signature,