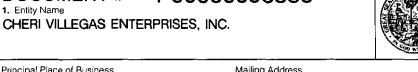
FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90048 029 ***150.00

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2. Principal Place of Business		3. Mailing Address				1 18911861 111 BQ1(1) 88111 88111 88111 88111	88118 1848; 85181 845		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & Stat	е	City 8	City & State			FEI Number 65-1046002 Applied For Not Applied		Applied For Not Applicable	
Zip .	Country Zip C		Country	5. (5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
A STATE OF THE STA						-			
VILLEGAS, CHERI 13079 NW 23 STREET				Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
	KE PINES FL 33028								
				City	_		FL Zip Co	ode	
	named entity submits this statement for ions of registered agent.	or the purpo	se of changing its re	gistered office or reg	gistered age	ent, or both, in the State of Florida.	I am familiar with	n, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent	and title if appli	cable. (NOTE: F	Registered Agent signature re	equired when rei	instating) [DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financin Trust Fund Contribution.		.00 May Be ed to Fees	
10.	GEFICERS AND DIRECTORS 11			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VILLEGAS, CHERI 13079 NW 23 STREET PEMBROKE PINES FL 33028		☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE - NAME STREET ADDRESS CITY-ST-ZIP			Delete · ·	TITLE NAME STREET ADDRESS CITY-ST-ZIP	••	e de la companya de l	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE			☐ Delete	TITLE			☐ Change	☐ Addition	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

Addition