

DOCUMENT # POOQOO097614 Hildra

FILED Jun 30, 2002 8:00 am Secretary of State 06-30-2002 90230 001 ***150.00

CHOCOLA /SORPO-	
DO NOT WRITE IN THIS SPACE 80126350	
2. Principal Plaga of Business Road 1892 Pluber Road	
Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE	
With & State Valm Beach 76 Wish Palm	React 76 4. FEI Number Applied For Not Applied For Not Applicable
33415 Palm Beach 33415	Sauntry Beach 5. Certificate of Status Desired - \$8.75. Additional Fee Required
7. Name and Address of Current Registered Agent National E-Cham Street Address (PO. Box Number is Not Acceptable) Not THIS SPACE	
	Dixle Worth FL Zip Code 33461
8. The above partied entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and tall it applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR Is \$61.25 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.	
11. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS GITY-ST-ZIP 1892 A ODON W SI I W B D L	TITLE NAME STREET ADDRESS CITY_S1-ZIP
TITLE MAME STREET ADDRESS CITY-ST-ZIP WGZ Abbey (d Ste I w. 187)	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP \$	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-SI-ZIP
13. 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 by Supplemental report is true and accurate and that my signature shall have the same legal-effect as if made-under outher outher 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 11 or on an attractment with an address, with all other likely-empowered.	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylims Phone #	



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 3, 2002

HOLDEN CORPORATION 1892 ABBEY ROAD SUITE I WEST PALM BEACH, FL 33415

SUBJECT: HOLDEN CORPORATION
Ref: Number: P00000097614

We have received your document for HOLDEN CORPORATION and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:
Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400 00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 602A00035796

O BOX 6327 -Tallahassee Florida 32314

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Attachment DDFE/# 65-1053327 B012635