FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91844 042 ***150.00

1. Entity Name	MENT# P00000103)	100000
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r	O NOT WRITE	IN THIS S	DACE		
, "L	O INOI VVICINE			90129733	•
2 Principal Pl	aco of Buriness	3. Mailing Address	**************************************		
Principal Place of Business 19907 Lookout Lane		19907 Lookout Lane			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE
01. 0.0		City & State		4. FEI Number	Applied For
City & State		1 '	FL 32736-21		Not Applicable
Zip	Country	Zip	Country		\$8.75 Additional Fee Required
 	Ľake	32736-2104	USA	7. Name and Address of Current Regi	
gar tegrasetikan-irk irk			- Name	T. Harris direction of the control o	1.0
	DO NOT W	RITE	Was Address	nda Venditti s (P.O. Box Number is Not Acceptable)	
10007 Tookout Lane					
	IN THIS SP	ACE			
			City _		FL Zip Code
·	and the statement to	the purees of changing it	e registered office or regis	<u>1St1S</u> tered agent, or both, in the State of Florida.	32736_2104
8. The above the obligati	named entity submits this statement to ons of registered agent.	title purpose or crianging it	o registered emes er regis		
				4 31 0	.
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature requi	4-31-0	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 State					
Make Check	OFFICERS AND		TO STAND VENE	工艺 林 李俊 建筑 整理	
, TITLE	President		TITLE		
NAME	WĀÑĎĀ VĒŇDITTI		NAME 6		A STATE OF THE STA
STREET ADDRESS	19907 Lookout I		STREET ADDRESS		
CITY-ST-ZIP	Eustis, FL 3273	36-2104	TITLE 63.		
TITLE , , , , , , , , , , , , , , , , , , ,	Vice President	ri III	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ŞT-ZIP	19907 Lookout 1		CITY-ST, ZIP	General Company of the Company of th	
TITLE	Eustis, FL 3273	30-2104	TITLE		
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CITY-ST-ZIP	<i>t</i>		CITY-ST-ZIP		
TITLE	•		TITLE	IN THIS SI	PACE
NAME STREET ADDRESS		,	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		A CONTRACTOR OF THE PROPERTY O
TITLE			TILE L'EST		
NAME			NAME		Pin .
STREET ADDRESS			STREET ADDRESS	List of Marian Control of the Contro	
CITY-ST-ZIP	. '		TITLE:		
NAME			NAME		
STREET ADDRESS	Charles and the control of the contr		STREET ADDRESS		The state of the s
CITY-ST-ZIP		h this filing does not availe.	<u>الارت الإرت الإرت من الله المناطقة ال</u>	Section 119.07(3)(i). Florida Statutes: I fun	ther certify that the information
12. 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 cath; 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					
attachment with an address, with all other like empowered.					
4-31-03 352 357-18531					
SIGNAT	URE: SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICE	ER OR DIRECTOR	Date	Daytime Phone #