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

## DOCUMENT # P00000 10.553 1. Entity Name



## **FILED** May 05, 2005 8:00 am Secretary of State 05-05-2005 90081 011 \*\*\*150.00

Brook									
	DO NOT WRI	TE IN THIS	SPAC	E		7.00000V	j		
	Place of Business V 126th Way . #, etc.	1433 NW 12	3. Mailing Address 1433 NW 126th Way Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State Sunrise FL		City & State Sunrise FL			4. FEI Number 65-1053521 Applied For Not Applicable				
Zip 33323	Country USA	<sup>Zip</sup> 33323	Coun		<b>5.</b> Ce	rtificate of Status Desired		8.75 Additional se Required	
				Name O .		e and Address of Current R	egistered A	gent	
•	DO NOT WOITE				Spiegel & Utrera, P.A.				
DO NOT WRITE				Street Address	(P.O. Box Number is Not Acceptable)				
IN THIS SPACE			IS40 Cora		al Way,	I Way, 4th Floor			
			City Miami			FL Zip Code 33145		Zip Code	
the obliga	e named entity submits this statem ttions of registered agent.	ent for the purpose of chan	iging its register	ed office or regist	ered ager	t, or both, in the State of Flori	da. I am farr		
SIGNATURE	Signature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registere	d Agent signature requir	red when reins	tating)	DATE		
Make Chec	nuary 1 - May 1 Fee is \$150.0 After May 1, Fee is \$550.00 Amended UBR is \$61.25 k Payable to Florida Departme	ent of State				Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS	AND DIRECTORS							
TITLE NAME	President: Angy Books 1433 NW 126th Way	5	TITLI NAM	ŀ					
STREET ADDRESS CITY-ST-ZIP	Sunrise, FL 33323			EET ADDRESS '-ST-ZIP					
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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 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 attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

04/30/05

561-350-4932