FILED

2003 FOR PROFIT CORPORATION

UN	IFORM BUSINE	SS REPORT	Apr 23, 2003 8:00 am					
1. Entity Nan		0114582			Secretary 04-23-2003 90098			
1158† SILK / JACKSONVIL	LE FL 32223	Mailing Address 11581 SILK OAK LN JACKSONVILLE FL 32223		,				
2. Principal F	Place of Business Lemon wood Rd. #, etc.	3. Mailing Address 1681 Lemony Suite, Apt. #, etc.	Vood Rd		. CHECK HERE IF MAKIN			
Jacks	onville, FL	Jackson Ville	A		4. FEI Number 59-3688891	⊢ →	oplied For ot Applicable	ı
3225	9 St. Johns		Country St. John	<u> </u>	5. Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current F	registered Agent	Name		7. Name and Address of New Registered	Agent		
VILLA, PEDRO 11581 SILK OAK LN JACKSONVILLE FL 32223			-Street A	ddress (F	dro VIIIa PO-Box Number is Not Acceptable) Lemph Wood Ka			
BACKOO	THE TE SEEES		City	icks	onville F	L Zip Code	5255	
	named entity submits this statement for lions of registered agent.	the purpose of changing its re			ed agent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signat	ure required		<u>/°2</u>		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			9. Election Campaign Financing Trust Fund Contribution.		0 May Be I to Fees	
10.	OFFICERS AND [RECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS	3 IN 11	
TITLE 5 NAME STREET ADDRESS CITY-ST-ZIP	PD VILLA, PEDRO 11581 SILK OAK LN JACKSONVILLE FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wer 1681	sident naylyn Villa I Lemon wood Road Ksonville, FL 32259	Change	Addition	(00/07/ /000
TITLE NAME STREET ADDRESS CITY-SI-ZIP	SD VILLA, WENDELYN 11581 SILK OAK LN JACKSONVILLE FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Pea	-President ro Villa 1 Lemonwood Road Ksonville, FL 3225	Change	Addition	Š
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTANA, CARMEN 11581 SILK OAK LN JACKSONVILLE FL 32223	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	sec car 168	retary men Quintana Lemonwood Road Ksonville CL 3225	□ C hange	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			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ 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.

Handy BEXELOUIRED SIGNATURE. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR