FILED May 13, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)
05-13-

	NIFORM BUSINE	. 05-13-2003 90052 017 ***150.00							
 Entity Nan 	MENT # P00000117	968				W13373	3		
Principal Plac	ce of Business	Mailing Address	•						
4917 N UNIVERSITY DRIVE 4917 N UNIVERSITY E									
LAUDERHILL.	, FL 33351	LAUDERHILL, FL 33351			ļ		•		
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Principal Place of Business									
			Suite And All de						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	de .	City & State			4. FEI Number Applied For				
					65-10	65873	N	ot Applicable	
Zip	Country	Zip Coun		5. Certificate of Status Des		Desired	\$8.75 Ad	ditional	
	6. Name and Address of Current	tegistered Agent			7. Name and Address of New Registered Agent				
		7.90.11		Name	The lite of the state of the st	or read readilization	a villeur		
ZOMBER, II	LAN LEDON DRIVE (**	Street Addres			(P.O. Box Number is Not Acceptable)				
	TY, FL 33026	Sireet Address			(P.O. Box Number is Not Acceptable)				
	e ·							- '-	
	-	•		City			Zip Cod	e	
O. The shown	named entity submits this statement for	the company of the color to				<u> </u>	<u> </u>		
	tions of registered agent.	a sie horbose or citatiging its	s i eRi2se i	or onice or register	eo agent, or boun, mutile o	iate of FoligaL Fa	in rankilai wilii,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and tide if applicable. (NOT	E Reyslere	Agentaignature requires	when reinstaling)	CATI		 }	
ire Later	LE NOVIH TEE IS \$150.00			-	•]				
After	May 1, 2003 Fee will be \$550,00				9. Election Cam Trust Fund C		\$5.0	O May Be to Fees	
Make Check	Payable to Florida Department	or State							
10.	, OFFICERS AND		11.		ADDITIONS/CHANGES	TO OFFICERS A			
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	4146 WIMBLEDON DRIVE	•		T ADDRESS					
CITY-ST-ZIP	COOPER CITY, FL 33026		8	ST-ZIP	•				
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CITY-ST-ZP				ST-21P				}	
TITLÉ		☐ Delete	1816				Change	Addition	
KAME			NAME					İ	
STREET ADDRESS	•		*	T ADDRESS ST-ZIP	,				
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indiantad	ertify that the information supplied with on this report or supplementagreport is	thia and eccurate and that f	MV DICIDATI	ira en all hava ma e	SITTE LACIS I STRACT SIS IT IT SICE	e undecoam, inst	am an cuicar	OF CHIMICIEDE I	
of the con	poration or the receiver or trustee emporarion on an attachment with an address,	owered to execute this report	as requir	ed by Chapter 607	, rionda Statutes; and that	my name appears	FIELDIOCK TO OF	DOCK 11 H	
	0/2	2 1.			اماصمار	2 A-	71-0	A 2012	
SIGNAT	URE:	- NUCL	0B 01225		4/29/0	<u> ۱۹۶۰</u>	4-144"	700-1	
	SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	DBS .	C _{ent} a		Layling Phone #		