FILED

## 2003 FOR PROFIT CORPORATION

## Apr 14, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR P01000001224 **DOCUMENT #** 04-14-2003 90231 024 \*\*\*158.75 1. Entity Name AMBROSIUS, INC. Principal Place of Business Mailing Address 1645 PALM BEACH LAKES BLVD. STE 480 1645 PALM BEACH LAKES BLVD. STE 460 W PLAM BEACH FL 33401 W PLAM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-1109232 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FINLEY, CHANDLER R Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD, STE 460 W PLAM BEACH FL 33401 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office pr registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE -Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BROWN, ELTON** NAME NAME P.O. BOX 780453 STREET ADDRESS STREET ADDRESS **SEBASTIAN FL 32978** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY=ST-7/P > Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 received 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 my yan address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



HHach hent 10034727 DR. FP \$01000001224

Chandler R. Finley, Esq.\* Stefania Bologna, Esq.\*

Admitted To Practice: Florida Bar ◆ US Federal Court for the Southern District of Florida\*

Member of American Immigration Lawyers Association\* ◆ American Bar Association

National Italian American Bar Association ◆ International Bar Association\*

April 10, 2003

Florida Department of State Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

RE: ANNUAL REPORT - AMBROSIUS, INC.

Dear Sir/Madam:

We enclose our firm check in the amount of \$158.76 for processing fees for Annual Report for the above mentioned company.

Please contact our office with any questions you may have.

Sincerely,

Chandler R. Finley, Esq.

CRF:pz Encl.

c: E.Brown