2003 FOR PROFIT CORPORATION

P01000003480

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

	ASTERN SUNSHINE SERVIC	CES, INC.	√			04-30-2003 90328 015 ***150.	.00	
Principal Place of Business 250 AUSTRALIAN AVE. STE 500 W PALM BEACH FL 33401		Mailing Address 250 AUSTRALIAN AVE, STE 500 W PALM BEACH FL 33401				T T O O O O O		
2. Principal F	Place of Business	3. Mailing Address			\dashv			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\exists	CHECK HERE IF MAKING CHANGES		
City & State		City & State			4.	1114 IS 78787	oplied For ot Applicable	
Zip	Country	Zip Cou		try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			
-	6. Name and Address of Current	t Registered Agent				7. Name and Address of New Registered Agent		
CORPORATION COMPANY OF MIAMI				Name				
201 S BISCAYNE BLVD, 1600 MIAMI CENTER (TJM)				"Street Address (P.O.: Box Number is Not Acceptable)				
								
MIAMI FL 33131								
± .				City	•	FL Zip Code	э	
	named entity submits this statement for ions of registered agent.	the purpose of changing	ng its registere	d office or reg	istered ag	gent, or both, in the State of Florida. I am familiar with,	and accept .	
ins conga	ions of registered agent.	,						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.	(NOTE: Registere	d Agent signature red	quired when r	reinstating) DATE		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State	· - -				0 May Be I to Fees	
10.	A OFFICERS AND	DIRECTORS	11.	······	ΑC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS	3 IN 11	
TITLE	PSTD Delete		TITLE	TITLE		☐ Change	Addition	
NAME	WIZNITZER, DAVID		NAM	NAME				
STREET ADDRESS			STRE	STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33180		CITY	-ST-ZIP				
TITLE	☐ Delete		TITLE		☐ Change ☐ Ad		☐ Addition	
NAME			NAMI	<u>:</u>				
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAMI	<u>:</u>				
-STREET ADDRESS	<u> </u>	ر به چنین سادید		ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP		The second secon	.· .7 2	
TITLE		Delete	TITLE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS				ET ADDRESS				
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TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
				ET ADDRESS - ST- ZIP			,	
			5.11					

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

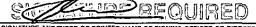
SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



Delete

April 23,7003

Daytime Phone #

☐ Change

☐ Addition

FILED

Apr 30, 2003 8:00 am Secretary of State

CR2E034 (10/02)