2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 90392 034 ***150.00

Principal Place of Business 817 SIMONTON ST KEY WEST, FL 33040 2. Principal Place of Business Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. City & State City	817 SIMONT	· · · · · · · · · · · · · · · · · · ·			
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES		TON 5T	817 SIMONTON ST		11039473
City & State A FEI Number 65-1079342 Applied For Not Applicable 85.75 Additional Fee Required Fee Required The Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Policie FL City FL City FL City FL City FL City FL FL City FL City FL City FL City FL City FL City FL F	2. Principal	Place of Business	3. Mailing Address		
Zip Country Zip Country St. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Req	Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'HAYON, ELIE 817 SIMONTON ST KEY WEST, FL 33040 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, type for prinded name of registered agent and time if approaches. (NOTE: Registered Agents sequend when reinstating) FILE NOWH! FEE.IS \$150.00 After they, 7, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITLE NAME SIRETANDRESS STRETANDRESS CITY-ST-2P KEY WEST, FL 33040 ITLE Delete TILE Change Addition	City & Sta	ate	City & State		05 4070040
O'HAYON, ELIE 817 SIMONTON ST KEY WEST, FL 33040 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, Synation printed name of registered agent and title if applicable. (NOTE Registeria Agent signature required when reinstailing) DATE FILE NOWHIT FEE.IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS In 11 ITILE DEILE, ROGER STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 Delete TILE Delete Addition Additi	Zip			Country	Fee Required
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curre	ent Registered Agent	- 	7. Name and Address of New Registered Agent
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!! FEE.IS \$150.00 After May 1, 2003. Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE ITILE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Change Addition	O'HAYON,	ELIE		Name	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE ELLE O'Hayon FILE NOW!!! FEE.IS \$150.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Iffile D NAME SIREET ADDRESS CITY-ST-2P KEY WEST, FL 33040 Delete Iffile Change Addition				Street Addr	ess (P.O. Box Number is Not Acceptable)
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10. OFFICERS AND DIRECTORS	the obligation of the obligati	Ations of registered agent. ELie O' House Signature, typed or printed name of registered ag FICE NOW!!! FEE.IS \$150,00 ar May 1, 2003 Fee will be \$650.	on Elie 0 pent and titul if appricable. (NO	'Hayon	4-28-03 (quied when reinstains) DATE
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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.

Lie O'Hayon Elie O'Hayon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03

*305-296-*8269