FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

DOCUMENT # PO1000016066

1. Entity Name
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FILED May 03, 2004 8:00 am Secretary of State

05-03-2004 90418 005 ***150.00

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City & State	mar, Florida	Miramar, Florida				5-1077162				Applied For Not Applicable	
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040 - 03.000 decr - a				7. Name a	nd Address	of Current	Registered A				
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				City	CHD	<u>, </u>	lorid		Zip Co	ode	
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 Florida. I am familiar with, and accept											
the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. 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											
	when reinstatin	9)		DATE							
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00						Election Ca	ımpaign Fin Contributior	~ —		00 May Be	
Amended UBR is \$61.25 Make Check Payable to Florida Department of State						irusi Fund	Contribution	ı	Adde	ed to Fees	
10.	OFFICERS AND I	DIRECTORS		Proprieta de la compansión de la compans	Maryla Space of Building	Maria Constitution P. S. da Constitution (C. C.)		a Santa Peter Att	Parks (Sept		
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12. I hereby o	pertify that the information supplied with	this filing does not qualify	for the exe	emption stated in Se	ection 119.0	7(3)(i), Floric	la 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 on an attachment with an address, with all other like empowered.											