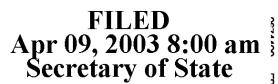
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



1. Entity Nan		00018050			04-09-2003 90124 018 ***150			
Principal Place of Business 4352 W. SR 200 CALLAHAN FL 32011		Mailing Address 4352 W. SR 200 CALLAHAN FL 32011						
2. Principal Place of Business		3. Mailing Address			-			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		· · · · · · · · · · · · · · · · · · ·	1 60-2706976 III-II-ii-ii	olied For		
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Addi Fee Required	tional		
	6. Name and Address of Curren	t Registered Agent	•		7. Name and Address of New Registered Agent			
				Name		I	l	
ZWEIFEL, ATTIE T 4352 W SR 200				Street Address (dress (P.O. Box Number is Not Acceptable)			
CALLAHAN FL 32011			*	City	Zip Code			
the obligat	ions of registered agent. Signature, typed or printed name of registered ager			ed office or register	red agent, or both, in the State of Florida. I am familiar with, a when reinstating) DATE	and accept		
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department					May Be to Fees		
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11	l	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZWEIFEL, ATTIE 4352 W. SR 200 CALLAHAN FL 32011	☐ Delete			☐ Change	☐ Addition	1034 (40/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	الوسواء - محمد	☐ Delete		· I	☐ Change	Addition	200	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete		i i	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete		i ,	☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I	` □ Change	Addition_		

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.

SIGNATURE:

Daytime Phone #