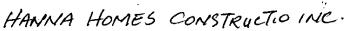
FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Poloooo 20665





FILED Apr 05, 2004 8:00 am Secretary of State

04-05-2004 90077 050 ***155.00

DO NOT WRITE IN THIS SPACE

					94044351
2. Principal Place of Business 2885 ELECTRONIC DR. SAME					
Suite, Apr. #, etc. # D - 1 4			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State MELBOURNE PL, Zip 32935 BREVARD			City & State SAME		4. FEI Number Applied For Not Applied For Not Applicable
Zip 32	935	Country BREVARD	Zip	Country	5. Certificate of Status Desired Service Servi
144914	- A	or in constitution to the second		4.	7. Name and Address of Current Registered Agent
	Г	O NOT W	RITE		omayor Bozorco
	· 建一种 电影 海	。在1985年,在1985年	2027年,新的中国"中国"中国共和国的共和国的中国共和国	Sireet Addres	ss (P.O. Box Number is Not Acceptable)
	l	N THIS SF	ACE	A 2 7 48	S ELECTRONIC DR. # D-16
				797.94.19	IBOVENE FL Zig Code 32935
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 obligations of registered agent.					
SIGNATURE	101	1AYON BO	OLORCA		W 130 CO15 4/1/04
January 1 - May 1 Fee is \$150.00					
		1, Fee Is \$550.00 I UBR is \$61.25			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
Make Check		Florida Department of	State		Trust Fund Contribution. il Added to Fees
10.		OFFICERS AND	DIRECTORS	- with Carlot and the Charles	
TITLE	P.	0.	1	TILE	
NAME	HOM	AYON BO	ZORG	NAME	
STREET ADDRESS CITY-ST-ZIP	288	5 ELECTRO	32935 32935	STREET ADDRESS CITY-ST-ZIP	
TITLE	1			IIILE	
NAME	HAYD	EH BOZORO	a	NAME	
STREET ADDRESS	2885	T ELECTRONI	C. DIC. 72 0-14	STREET ADDRESS	
CITY-ST-ZIP .	Mele	BOURNE PL	32935	CITY-ST-ZIP	and the second s
TITLE				TIME 12 TO 1	The second secon
NAME				NAME STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	-			CITY-ST-ZIP	DO NOT WRITE
TITLE			•	TIPLE	
NAME		•		NAME	IN THIS SPACE
STREET ADDRESS			•	STREET ADDRESS	
CITY-ST-ZIP	<u> </u>			CITY-ST-ZIP	
TITLE	1			TIME .	
NAME	,		· •	NAME	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP	
	 -			mie	
TITLE . NAME				NAME	
STREET ADDRESS		-		STREET ADDRESS	
. CITY-ST-ZIP	<u>L</u>	<u>-</u>		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 supplier fintal 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.					