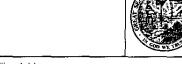
FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90188 015 ***150.00



Principal Place of Business 9118 MEMORIAL HIGHWAY **TAMPA FL 33615**

Mailing Address 9118 MEMORIAL HIGHWAY **TAMPA FL 33615**

2. Principal Place of Business 7217 Hamilton Park Blud 7217 Hamilton Park Blud							- T I HERANDON IN BENDA MINIT BONIN OBNIN BONIN OBNIN BININ MINIT BONIN BANIN BONIN					
Suite, Apt.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
Tamp	e A	City & State Tampa				4. FEI Number 59-3700426				_	oplied For	
Zip	-33615 Country	Zip -33-615-	Zip Count			5 Certificate of Status Desired			□ -: <mark>\$</mark>	\$8.75 Additional		
				7. Name and Address of New Registered Agent								
VARGHESE, THOMAS			-	Name	VARGHESE, THOMAS							
	MORIAL HWY		Street Address			(P.O. Box Number is Not Acceptable) Hamilton Park 13144						
TAMPA F			12.17				WII DC	<u> </u>	<u> </u>	<u></u>		
IAM AT	2 00010	i.	·			amp	<u> </u>		FL	Zip Cod	e 615	
						<u> </u>						
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.												
The configuration of regional agents.												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9.		ampaign Fin I Contribution	~		0 May Be I to Fees	
10. OFFICERS AND DIRECTORS			11.			ADDITIO	NS/CHANC	SES TO OFF	ICERS AND [DIRECTOR	S IN 11	
TITLE	PD	□ Delete	TITLE		PD					Change	Addition	
NMME	THOMAS, MARY		NAM		THe:	MAS 1	ባ <i>ተ</i> ት ኡን	١ (). N 10	1.4		
STREET ADDRESS	9118 MEMORIAL HIGHWAY		STRE	ET ADDRESS	72	17 H	amil	TON 1	Park 13	i uq	-	
CITY-ST-ZIP	TAMPA FL 33615		CITY	ST-ZIP		mpa	1-1	336	-15			
TITLE	VST	☐ Delete			VST		- T	1 ~ M A-P	. 1	Change	Addition	
NAME	VARGHESE, THOMAS				VARGHESE, THOMAS 7217 Hamilton Park 1311 Tampa, F1 33615			1	}			
STREET ADDRESS	9118 MEMORIAL HIGHWAY			et address	72	17 H	amil1	on Pa	φ(C 13 L L ι ∞	V C1	. }	
CITY-ST-ZIP	TAMPA FL 33615		CITY-	·ST-ZIP	100	mpa	<u>, r</u>	23	<u></u> _		·	
TITLE		☐ Delete	TITLE			•			. (Change	☐ Addition	
NAME			NAME									
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP							1	
		 _	UII 1 -	- 51-ZIF								
TITLE		Delete	TITLE	1						Change	Addition	
NAME STREET ADDRESS			NAME	ET ADDRESS								
CITY-ST-ZIP			B	ST-ZIP								
						···				☐ Change	Addition	
TITLE NAME		☐ Delete	TITLE						ı	Change	Addition	
STREET ADDRESS			. I	- Et address							}	
CITY-ST-ZIP				ST-ZIP								
TITLE	· · · · · · · · · · · · · · · · · · ·	□ Delete	TITLE							Change	Addition	
NAME	•		NAME						•			
STREET ADDRESS			STREET								İ	
CITY-ST-ZIP			CITY	ST-7IP							Į.	

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. Thomas Varghese

813-