2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P01000026673 I. Entity Name GFIDI, INC.							FILED Mar 07, 2002 8:00 am Secretary of State 03-07-2002 90054 013 ***150.00			
1100 SW 1811 BOCA RATON	N FL 33486 CHAJ Place of Busin	NGED V	Mailing Address 1100 SW 18TH STREET BOCA RATON FL 33486 3. Mailing Address							
1195 SW lepperidge Tela Suite, Apt. #, etc. City & State			LIAS SU Representations Terres			DO NOT WRITE IN THIS SPACE				
Zip Zip Zip Zip Country			BOCARATON, FR		brach		65-1085823	No \$8.75 Add	t Applicable	
3548	6 Name	and Address of Current R	33486	TALA	pach		Name and Address of New Registered A	Fee Required	d 	
DROSKY, TODD C ESQUIRE 1515 S FEDERAL HWY, STE 300 BOCA RATON FL 33432						~⊊ ÷:	Box Number is Not Acceptable)			
					City	_	FL	Zip Code	;	
8. The above	e named entity	submits this statement for	the purpose of changing its	s registered	office or registe	ered ag	ent, or both, in the State of Florida.			
SIGNATURE	Signature, typed o	or printed name of registered agent an	d title if applicable. (NOT	E: Registered A	gent signature require	id when re	sinstating) DATE			
 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) 			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta			ate	10. Election Campaign Financing Trust Fund Contribution.		0 May Be to Fees	
11.		OFFICERS AND D		12.			DITIONS/CHANGES TO OFFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFORD, LARRY 1100 SW 18TH STREET BOCA RATON FL 33486		Celete Title NAMI STRE City-		ADDRESS	STAFFORD, LARRY Terr Change Addit STAFFORD, LARRY 1195 SW LARRY TERR BELA RATON, FR 33486			Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TADDRESS 1195 SW Pepperidge Tek			TITLE NAME STREET CITY-ST	ADDRESS			Change	Addition	Ъ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u></u>	Delete .	TITLE NAME STREET CITY-ST	ADDRESS - ZIP			Change	Addition	<i></i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET / CITY-ST	ADDRESS			Change	Addition	l
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET / CITY-ST	NDDRESS ~ ZIP			Change	Addition	
indicated of the cor changed,	on this report poration or the or on an attac	t or supplemental report is tr	rue and accurate and that i prod to execute this report in all other like empowered	my signature as required	e shall have the I by Chapter 60	same I 7, Florid	19.07(3)(i), Florida Statutes. I further certi egal effect as if made under oath; that I ar da Statutes; and that my name appears in	n an officer o Block 11 or	or director	
SIGNAT	URE:	SIGNATURE OD TYPED OR PRI	NTED OF SIGNING OFFICER	ARRY .	H. 5#4/4	ov.	President 2/20/2002 =	ytime Phone #	1- 1221	