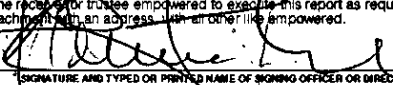


FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90206 021 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000027923					
1. Entity Name PAS INSTALLATIONS, INC.					
Principal Place of Business 14963 OLD POINTE RD. TAMPA, FL 33613			Mailing Address 14963 OLD POINTE RD. TAMPA, FL 33613		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent SERNA, PEDRO 14963 OLD POINTE RD. TAMPA, FL 33613			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent's signature required when changing) Signature, typed or printed name of registered agent and title if applicable 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. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	SERNER, PEDRO		NAME	SERNA, Pedro	
STREET ADDRESS	14963 OLD POINT ROAD		STREET ADDRESS		
CITY- ST- ZIP	TAMPA, FL 33613		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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 supporting 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 registered agent 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, title and other like empowered.					
SIGNATURE: 			Date _____ Daytime Phone # _____		

80118658
DOT000027923

**PAS INSTALLATIONS,
INC**

14963 Old Point Rd
Tampa, FL 33613

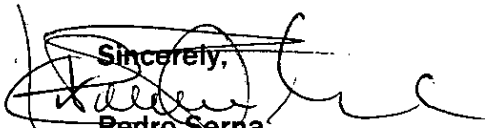
May 9, 2003

**Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

Re: Annual Report Fees

Per our conversation I am including the fee of \$150.00 for the Annual report. I did not receive my annual business report This is the first year this happened.

Thank you, for your services.

Sincerely,

Pedro Serna
Officer