2003 FOR PROFIT CORPORATION

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P01000031781 04-10-2003 90177 045 ***150.00 **DOCUMENT #** 1. Entity Name R & J MANAGEMENT ENTERPRISES, INC. Principal Place of Business Mailing Address 14680 PINE GLEN CIR 14680 PINE GLEN CIR LUTZ FL 33549 LUTZ FL 33549 2. Principal Place of Business 3. Mailing Address 36951 BLANTON 36951 BLAUTION Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3707915 マンション Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent アルバーションシーペッド・ドー SULLAIMAN, HASHIM 14680 PINE GLEN CIR **LUTZ FL 33549** 8. The above named entity submits this statement for the purpose of changing its registe red office or registered agent, or both, in the State of Florida. I am familiar with, and accept , the obligations of registered agent 14/200 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing · Ass \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PID CR2E034 (10/02) TITLE Delete TITLE ∑ Change ☐ Addition SULLAIMAN, HASHIM NAME NAME 14680 PINE GLEN CIR STREET ADDRESS STREET ADDRESS 107 LUTZ FL 33549 CITY-ST-ZIP CITY-ST-ZIP TITLE **VSD** ☐ Delete TITLE ☐ Addition NAME HABOUB, NABIL NAME STREET ADDRESS STREET ADORESS 14680 PINE GLEN CIR CITY-ST-ZIP LUTZ FL 33549 CITY-ST-7P Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS COY-ST-7iP CITY-ST-218 TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(I), Fiorida 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

FILED

114/2003