FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2002 8:00 am Secretary of State

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To Service the service of the servic	Suite, Apt. #	502		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
Security Sec	Orlor	190 i	FL	City & State	do, FL			le
Name Plan Acero Strots Address (Po. Box Number is Not Acceptable) & \$ \$50.2 IN THIS SPACE City Or Condo FL 2p.2008 2 City	3 <u>5</u> 81	2 '	Country V S A	32812	Country)	5. Certificate of Status Desired \$8.75 Additional	
DO NOT WRITE IN THIS SPACE Strong Address (P.O. Box Number is Not Acceptable) but 5002 IN THIS SPACE City Or Condo FL 27,000 12 B. The above portros equity submits this statement for the purpose of changing its registered affect or registered agent, or both, in the State of Florida. SIGNATURE Supposed Lend of Control on the Purpose of Changing its registered affect or registered agent, or both, in the State of Florida. 9. This corporation is eligible to saids/y its Intangular fact filling to compare the directs to do so one of Mark May 1, 1 Fee (is \$150.00 Purpose (is \$150	a Merchan	2543					7. Name and Address of Current Registered Agent	
IN THIS SPACE Cay O C ndd FL 25 Code 12 Cay O C ndd Florida 12 Cay O C n		D	NAT WE	DITE	Shirt Street	\mathcal{P}'		
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9. This corporation is eligible to satisfy its Intangular and regioned agent according to the part of	B. The above n	pried entity si	ubmits this statement for t	the purpose of changin	g its registered office of	or register	ed agent, or both, in the State of Florida.	1
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13. Thereby 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (40)

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