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

FILED Mar 25, 2002 8:00 am Secretary of State

Country Country Country S., Certificate of Satus Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$7. Name and Address of Current Registered Agant \$7. Name and Address of Florida. \$7. Name and Address of Current Registered Agant \$7. Name and Address of Current	DOCUMENT # P\$ 1 Φ\$\$\$ 36294					03-25-2002 90042 012 ***150.00		
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See Required Fee						65-1096171	Not Applicable	
DO NOT WRITE IN THIS SPACE Street Address IP O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 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. SIGNATURE Signature, types or prince name of insystemal spair and the flapticable After May 1. Fee is \$190.00 Tax flang requirement and elects to do so. (See criteria on back) elects to do so. (See criteria on back) After May 1. Fee is \$510.00 Trust Fund Contribution. \$5,00 May 1. Fee is \$50.00 Trust Fund Contribution. \$5,00 May 1. Fee i	2ip	SU USA	Zip	Country	5.	Certificate of Status Desired		
DO NOT WRITE IN THIS SPACE 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. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tay flag requirement and elects to do so Cisee criteria on back) 11. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. DO NOT WRITE 16. OFFICERS AND DIRECTORS 17. ST. JP 18. OFFICERS AND DIRECTORS 18. OFFICERS AND DIRECTORS 19. OFFICERS AND DIRECTORS					7. N	ame and Address of Current Registe	ered Agent	
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13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information did not indicated on this report or supplemental report is true and accurate and that my signature shall have the warm legal effect as if made under early that I am an officer or direct	13 Lharahy (reguly 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	

attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayuma Phone ≠