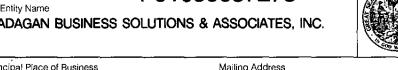
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000037278







CADAGAI	N BUSINESS SOLUTIONS (& ASSOCIATES, INC	C.				100.	
	e of Business ROAD 7 SUITE 221 RDALE FL 33319	Mailing Address 5440 STATE ROAD 7 SUITE 221 FORT LAUDERDALE FL 33319			 			11121 HH 1111
2. Principal P	lace of Business	3. Mailing Address			- 			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-1094630	65-100/630 H-H-		ot.Applicable-
Zip Country		. Zip			Fee Required			
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Re	gistered Ag	ent	
CADAGAN, NELLY 5440 STATE ROAD 7 SUITE 221 FORT LAUDERDALE FL 33319				Street Address (P.O. Box Number is Not Acceptable)				
TOTAL PRODUCTION OF THE STORY			ļ	City		FL	Zip Code	e
the obligat	ions of registered agent.	r the purpose of changing i	SUITE 221 FL 33319 CHECK HERE IF MAKING CHANGES 4. FEI Number 65-1094630 Applied For Not Applicable Street Address of Status Desired Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code g its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
EILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						~ —		
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/CHANGES TO OFFIC	CERS AND D	IRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CADAGAN, NELLY 5440 STATE ROAD 7 SUITE 221 FORT LAUDERDALE FL 33319	☐ Delete	NAME Stree	T ADDRESS		{	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Delete	NAME STREE	T ADDRESS			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE	T ADDRESS			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREE	T ADDRESS		[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME Stree	T ADDRESS		[Change	Addition

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

SIGNATURE: