2003 FOR PROFIT CORPORATION

FILED May 08, 2003 8:00 am Secretary of State

DOCUMENT # P01000041920 1. Entity Name SYROKOMLA CORPORATION DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 6783 SW 104th Street 6783 SW 104th Street 783 SW 104th Street 784 State 785 SW 104th Street 785 SW 104th	UNIFORM BUSINESS REPORT (UBR)						05-08-2003 90170 012 ***150.00		
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2. Principal Place of Business 6783 SW 104TH STREET Suite, Apt. #, etc. City & State City & State City & State Pinecrest, FL Zip Zip 33156-3251 Country Zip 33156-3251 Country Zip Country Zip 33156-3251 Country Zip Country Zip 33156-3251 Country Zip Country Zip Country S. Certificate of Status Desired Pre Required Registered Agent Name Magdalena Grochosk Street Address (P.O. Box Number is Not Acceptable) 9783 SW 104th Street City & State Name Magdalena Grochosk Street Address (P.O. Box Number is Not Acceptable) 9783 SW 104th Street City Pinecrest State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signaur, 1- May 1 Fee is \$150.00 Anemedad URIs res is \$150.00 Amended URIs is \$41.25 Amended URIs is \$41.25 Make Check Payable to Florida Department of State D. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP PINECREST, FL 33156 CITY-ST-ZIP PINECREST, FL 33156 CITY-ST-ZIP PINECREST, FL 33156 CITY-ST-ZIP PINECREST, FL 33156 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME			E IN THIS	SODA	CE		-		
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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 on an attachment with an address, with all other like empowered.

> MAGDALENA GROCHOSKI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

305-667-1699 Daytime Phone #