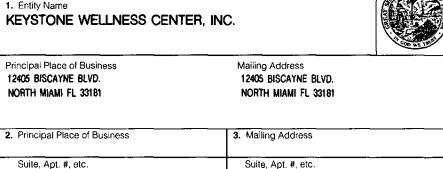
Apr 18, 2003 8:00 am \$\frac{8}{5}\$ Secretary of State

04-18-2003 90128 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #	P01000044630

1. Entity Name



NORTH MIAMI FL 33181 NORTH MIAMI FL 33181												
2. Principal P	lace of Busin	ess	3. Mailing Address				_			56 66 66 66		ilkil sa li 1001
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CH				IG CHANGES				
City & State City & State						65-1119666				plied For at Applicable		
Zip		Country	Zip		Coun	ntry		5. Certificate of Status Desired S8.75 Addi				litional
	6. Name	and Address of Curre	nt Registere	ed Agent				7. Na	me and Address of New Reg	gistered	Agent	
RUDOLPH, JASON S ESQ.					Name Street Address (P.O. Box Number is Not Acceptable)							
	AGLER ST.,	#800										
MIAMI FL	33130											
		essa. Su				City				FI	Zip Code	9
	named entity ions of regist		for the purp	ose of changing its	registere	ed office or	registered	agen	t, or both, in the State of Florid	da. I am	n familiar with,	and accept
SIGNATURE _	Signature, typed	or printed name of registered ag	ent and title if app	licable. (NOTE	: Registere	d Agent signatur	te required wh	hen reins	stating)	DATE		 :
After	May 1, 200	! FEE IS \$150.00 I3 Fee will be \$550.0 Florida Department							Election Campaign Final Trust Fund Contribution.	-		0 May Be to Fees
10.		OFFICERS AN	ID DIRECTO	RS	11.			ADDI	TIONS/CHANGES TO OFFIC	ERS AN	ID DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		YAN A CAYNE BLVD. IAMI FL 33181		☐ Delete		1	•	<u>-</u> .	-		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOLMAN, 12405 BIS	LAUREN J CAYNE BLVD. IAMI FL 33181		☐ Delete		- 1					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		í	-				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Delete				_		-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition

12. 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:

SIGNATURE PROGRAMME OF SIGNING OFFICER OR DIRECTOR