EAR PROFIT CARRORATION

FILED Apr 29, 2003 8:00 am Secretary of State

FOR PROFIL CORPORATION							
UNIFORM BUSINESS REPORT	ſŲ	BR)					
DOCUMENT # DOLOGO LOGO		-					

1. Entity Nam	MEN I # P010000465	68				04-29-2003 900°	73 003	3 ***150.00	
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2. Principal Place of Business 925 Intracoastal Drive 925 Intracoastal Drive									
Suite, Apt. #, etc. Suite #6 Suite #6 Suite #6						DO NOT WRITE IN THIS SPACE			
City & State Fort Lauderdale, Florida		City & State Fort Lauderdale, Florida			4. FE	59-3719122		Applied For Not Applicable	
Zip 33304	Country USA	Zip 33304	Count		5. Co			.75 Additional Required	
	· · · · · · · · · · · · · · · · · · ·	·	.	Name +		ne and Address of Current Registered	I Agent		
	DO NOT W	\:TE		Tanie T	y Thorntor	1			
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				925 Intracoastal Drive, Suite #6					
					t Lauderda		•]	33304	
	named entity submits this statement for	the purpose of changing its	registere	d office or i	registered age	nt, or both, in the State of Florida. I am f	amiliar w	vith,.and accept	
the obligat	tions of registered agent.				•				
SIGNATURE Signature, tyled or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required v					o required when rein		-2003		
Jas	nuary 1 - May 1 Fee is \$150.00	в пе парряжане. (NOTE	. negistereu	Agest signatur	e required when rear	Salving)			
After May.1, Fee Is \$550.00 . Amended UBR Is \$61.25						Selection Campaign Financing Trust Fund Contribution.		5.00 May Be dded to Fees	
Make Check	Payable to Florida Department of S OFFICERS AND D		•			<u></u>			
TITLE	President - Ty Thornton	ineo tona	TITLE		•				
NAME	925 Intracoastal Drive, Suite	. #6		NAME				177	
STREET ADDRESS	Fort Lauderdale, Florida 333		STREE	T ADDRESS				.]	
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12. I hereby certify that the information supplied with this filting 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ty Thornton

4-24-2002

954-630-2002

Daytime Phone #