FILED Jan 29, 2003 8:00 am

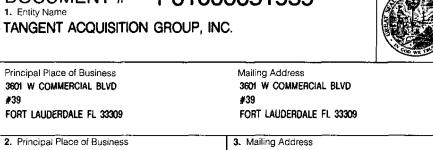
Secretary of State

01-29-2003 90295 034 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P01000051959





Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-1126434 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name

SHIENVOLD, MICHAEL PAUL 3601 W COMMERCIAL BLVD #39 FORT LAUDERDALE FL 33309

SIGNATURE

Street Address (P.O. Box Number is Not Acceptable)				

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. I am familiar with, and accept the ਹੈਹੈligations of registered agent.

City

(NOTE: Registered Agent signature required when reinstating)

	FILE NOW!!!	FEE IS \$150.00
	After May 1, 2003	Fee will be \$550.00
laka	Check Payable to F	Inrida Department of State

Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

DATE

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME SHIENVOLD, MICHAEL PAUL NAME STREET ADDRESS 3601 W COMMERCIAL BLVD #39 STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Delete ☐ Change TITLE DST TITLE ☐ Addition NAME DOMBROW, ALLAN B NAME STREET ADDRESS 3601 W COMMERCIAL BLVD #39 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 attachmen

SIGNATURE: