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

## P01000053131 **DOCUMENT#**

GRI

Entity Name EEN TURTLE KID CORPORAT	TION	
cipal Place of Business	Mailing Address	

**FILED** Jan 27, 2003 8:00 am Secretary of State 01-27-2003 90162 049 \*\*\*150.00

Maling Address					W. T.					
Sule, Apt # etc.  Sule, Apt #	407 SOUTH FEDERAL HIGHWAY 407 SOUTH FEDERAL HIGHWAY					) (####################################				
City & State  Name  Street Address of New Registered Agent  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 her bird official or state  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Now, in the State of Florida. I am familiar with, and accept her bird official or registered agent, or both, in the State of Florida. I am familiar with, and accept her bird official or registered agent, or both, in the State of Florida. I am familiar with, and accept her bird official or registered agent, or both, in the State of Florida. I am familiar with, and accept her bird official or registered agent, or both, in the State of Florida. I am familiar with, and accept her bird official or registered agent, or both, in the State of Florida. I am familiar with, and accept her bird official or registered agent, or both, in the State of Florida. I am familiar with, and accept her bird official or registered agent, or both, in the State of Florida. I am familiar with, and accept her bird official or registered agent, or both, in the State of Florida. I am familiar with, and accept her bird official or registered agent, or both, in the State of Florida. I am familiar with, and accept her bird official or registered agent, or both, in the State of Florida. I am familiar with, and accept her bird official or registered agent, or both, in the State of Florida. I am familiar with, and accept her bird official or registered agent, or both, in the State of Florida. I am familiar with, and accept her bird official or registered agent, or both, in the State of Florida.  In It also be a state of Florida or r	Principal Place of Business     Address			<del></del>			<b>i</b>			
SPIEGEL & UTRERA, P.A.  343 ALMERNÍA VAROUE  CORAL GABLES FL. 33134  City  FL. Zip Code  Changing its registered office or registered agent, or both, in the State of Plorida, I am familiar with, and accept in the Obligations of registered agent.  SIGNATURE  By Juneary Speak in privated own or registered agent.  MOTE, Registered office or registered agent, or both, in the State of Plorida, I am familiar with, and accept in the Obligations of registered agent.  SIGNATURE  By Juneary Speak in privated own or registered agent.  MOTE, Registered Agent (ignover factorists) and a familiar with, and accept in the Obligations of registered agent.  MOTE, Registered Agent, or both, in the State of Plorida, I am familiar with, and accept in the Obligations of registered agent.  SIGNATURE  By Juneary Speak in privated own or registered agent.  MOTE, Registered Agent (ignover factorists) agent registered agent.  MOTE, Registered Agent, registered agent, or both, in the State of Plorida, I am familiar with, and accept in the Obligation of registered agent.  FILE NOW!!! FEE IS \$150.00  9. Election Campaign financing Trust Fluid Contribution  PD Addition  Make Check Payable to Pforida Department of State  10. OFFICHES AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ABURY, TINOTHY P.A.  NAME  STRET ADDITES  STORY AND BEACH FL 33062  Trust Fluid  ABURY, DANA M  STRET ADDITES  STORY AND STATE AGENCES  CITY 51.79  TITE  MAKE  STRET ADDITES  STRET ADDITES  CHANGES  STRET ADDITES  S	Suite, Apt.	#, etc.	Suite, Ap	ot. #, etc.			CHECK HERE IF	MAKING	CHANGES	<b>;</b>
S. Certification of Status Desired   Fee Required	City & Stat	te	City & S	tate		4. F	El Number 65-1109847	<del>-</del>		
SPIEGEL & UTRERA, P.A. 343 ALMERIA'AVENUE  CORAL GABLES FL 33134  City  City  FL  Zip Codo  Codo  Codo  Codo  City  FL  Zip Codo  Co	.Zip	Country .	- Zip	Cou	ntry	5. 0	Certificate of Status Desired			
SPIEGEL & UTRERA, P.A. 343 AMMERIA*AVENUE  CORAL GABLES FL 33134  City  FL  Zip Code  8. The above pamed entity submits this statement for the purpose of changing its rog stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the purpose of changing its rog stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the purpose of changing its rog stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the purpose of changing its rog stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the purpose of changing its rog stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the purpose of changing its rog stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the purpose of changing its rog stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the purpose of changing its rog stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the control of the control		6. Name and Address of Current F	Registered A	gent		7. N	ame and Address of New Reg	jistered A	gent_	
343 ALMERIA*AVENUE CORAL GABLES FL 33134  City  FL  Zip Code  6. The above pamed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept who obligations of registered agent.  SiGNATURE  Sycham, update pristed agent of registered agent.  SiGNATURE  Sycham, update pristed agent of registered agent.  NOTE Registered Agent signature required registered agent, or both, in the State of Florida. I am familiar with, and accept who obligations of registered agent.  SiGNATURE  Sycham, update pristed agent.  NOTE Registered Agent signature required registered agent, or both, in the State of Florida. I am familiar with, and accept who obligations of registered agent.  SiGNATURE  Sycham, update pristed agent.  NOTE Registered Agent signature required registered agent, or both, in the State of Florida. I am familiar with, and accept with a part of the par	CDIEGEI 1	· · ·		•	Name		•			
8. The above pamed 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 obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Psyable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MME  AUSTRET ADDRESS  TITLE  STD  ANAME  AUSTRET ADDRESS  CITY-S1-2P  POMPANO BEACH-FL-33062  TITLE  NAME  STRET ADDRESS  CITY-S1-2P  TITLE  Delete  TITLE  NAME  STRET ADDRESS  CITY-S1-2P  TITLE  Delete  TITLE  NAME  STRET ADDRESS  CITY-S1-2P  CITY-S1-2P  TITLE  NAME  STRET ADDRESS  CITY-S1-2P  CITY-S1-2P  TITLE  CITY-S1-2P  TIT		Street Address (P.O. Box Number is Not Acceptable)								
B. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept after obligations of registered agent.  SIGNATURE  Signature, typed or privated name of registered agent and stire if explicable.  (NOTE Hegistered Agent signature required when rendeture)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.	CORAL G	ABLES FL 33134								
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FILE NOW!! FEE IS \$15.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	the obligat		the purpose	of changing its register	red office or register	ed age	ent, or both, in the State of Floric	da. I am fa	emiliar with	, and accept
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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: