2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)



FILED May 01, 2003 8:00 am Secretary of State

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Country Zip Country Zip Country S. Certificate of Status Designer Stat	Suite, Apt.	, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Cermicale of Status Desired Fee Required F	City & State City & State							4. FEI Number 65-1128859 Applied F		
LUNA, JESUS 625 N.E. PARK STREET OKEECHOBEE FL 34972 City City FL City FL Zip Code City FL Zip Code City FL City	Zip	Country	Zip		Cour	try		5. Certificate of Status Desired \$8.75 Additional Fee Required	1	
LUNA, JESUS 625 N.E. PARK STREET OKECHOBEE FL 34972 6. The above named antily submiss 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 of the obligations of registered agent. 5/GNATURE 6. The above named antily submiss 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 of the obligations of registered agent. 6. The above named antily submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent. 6. The above named antily submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent. 6. The above named antily submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of the obligations of registered agent, or both, in the State of Florida. I am familiar with, and of Florida agent, or both, in the State of Florida. I am familiar with, and of Florida agent, or both, in the State of Florida. I am familiar with, and of Florida agent, or both, in the State of Florida. I am familiar with, and of Florida agent, or both, in the State of Florida. I am familiar with, and of Florida agent, or both, in the State of Florida. I am familiar with, and of Florida agent, or both, in the State of Florida. I am familiar with, and of Florida agent, or both, in the State of Florida. I am familiar with, and of Florida agent, or both, in the State of Florida. I am familiar with, and of Florida agent, or both, in the State of Florida agent, or both, in the State of Florid		6. Name and Address of Curren	t Registere	d Agent	<u> </u>			7. Name and Address of New Registered Agent		
ACS N.E. PARK STREET OKEECHOBEE FI. 34972 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and it the obligations of registered agent. SIGNATURE FILE NOW!!! FEES S150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State TITLE MAKE SIRET ADDRESS CITY-ST-2P OKEECHOBEE FI. 34972 TITLE MAKE SIRET ADDRESS CITY-ST-2P OKEECHOBEE FI. 34972 TITLE MAKE SIRET ADDRESS CITY-ST-2P OKEECHOBEE FI. 34972 Detels TITLE MAKE SIRET ADDRESS CITY-ST-2P OKEECHOBEE FI. 34972 Detels TITLE MAKE SIRET ADDRESS CITY-ST-2P OKEECHOBEE FI. 34972 Detels TITLE MAKE SIRET ADDRESS CITY-ST-2P OKEECHOBEE FI. 34972 Detels TITLE MAKE SIRET ADDRESS CITY-ST-2P OKEECHOBEE FI. 34972 Detels TITLE MAKE SIRET ADDRESS CITY-ST-2P OKEECHOBEE FI. 34972 Detels TITLE MAKE SIRET ADDRESS CITY-ST-2P OKEECHOBEE FI. 34972 Detels TITLE MAKE SIRET ADDRESS CITY-ST-2P OKEECHOBEE FI. 34972 Detels TITLE MAKE SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRESS CITY-S	LINA IS	LUNA IFOLIO					Name			
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8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and a fine obligations of registered agent. Signature	OKEECHO	JBEE FL 34972				City		FL Zip Code		
SIGNATURE Signature FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS IN 1 TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS STREEL ADDRE	8. The above	named entity submits this statement	or the purpo	ose of changing its	register	ed office or re	aistere			
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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 eath; 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:

AREQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>4-25-03-863-763-0714</u>