FOR PROFIT CORPORATION

FILED Apr 28, 2003 8:00 am Secretary of State

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DOCIMENT # POLOC	0086482			04-09-2003 9019	99 042 ***150.00
DO NOT WRIT	E IN THIS S	PACE:		55031737	
2. Principal Place of Business 101 American Center flace & Suite, Apt. #, etc. 50:72 207	3. Mailing Address TO AMERICA Suite, Apt. #, etc. 5 12 20			O NOT WRITE IN THIS SA	PACE
City & State Tumpy FL	City & State Tampu	FL	4. FEI Number 579-374	4. FEI Number	
Zip Country 336/9 USA	Zip 33619	Country USA	5. Certificate of Statu		8.75 Additional se Required
		Name	7. Name and Address	of Current Registered	Agent
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		City Bic.	nden	FL	Zip Code
8. The above named entity submits this statement	for the purpose of changing its	s registered office or reg	gistered agent, or both, in the	State of Florida. I am fan	niliar with, and accept
the obligations of registered agent.					
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent.	fu	E: Registered Agent eignature re	iquirad when reinstating)	4/6/0.	3
signature, typed or printed name of registered agent. Signature, typed or printed name of registered agent. January, 1 May, 1 Feb. 18, 5150 (90) Angri May, 1 Feb. 18, 550 (90) Amended (JDR) (8, 561, 25)	for int and talle II applicable. (NOT	Έ: Registered Agent eignature re	9. Election Ca	4/6/0 DATE	\$5.00 May Be Added to Fees
SIGNATURE Spatter, typed or printed name of registered agent. Signature, typed or printed name of registered agent. January 1: May 1: Fee; is: \$150.00. After, May 1: Fee; is: \$550.00. Amended UBR is: \$61.25. Make Check: Payable to Florida Department. OFFICERS ANI	At and title II applicable. (NOT	the Marine of the second	9. Election Ca	mpaign Financing	\$5.00 May Be
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SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTOR

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