## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 16, 2004 8:00 am Secretary of State

DOCUMENT # P010000 80518				04-16-2004 90103 047 ***150.00			
1. Entity Name	ess Really Good, Inc						
	OO NOT WRITE	IN THIS S	PACE				
2. Principal Pl. 1500 W	ace of Business Seston Road	3. Mailing Address	2aacl	_		ė	
Suite Apt #. etc. Suite 223		Suite, Apt. #. etc. Suite, Apt. #. etc.		DO NOT WRITE IN THIS SPACE			
City & State Weston	FT 33326	City & State Wes for F	· L	4. FEI Number 65 - 1156943		Applied For Not Applicable	
Zip 3332	Country USA	Zip 33326	Country U.5 A	5. Certificate of Status Desired	□ Fee I	75 Additional Required	
			Name 7	7. Name and Address of Current Registered Agent  Name  Joshua D. KATZ			
	DO NOT W	RITE	Street Address	Street Address (R.O. Box Number is Net Acceptable)			
	IN THIS SPACE			1623 Valenno Da.			
			City West		FL 7	10 Code 33327	
8. The above	named entity submits this statement for	the purpose of changing i	······································				
SIGNATURE _	Signatury, typed or princed name of registered against	d litte il appăcai.iko. (NC	DTE; Pegistered Agent signstwe requir	od whan rejestasing:	4/13/04 DATE		
Tax filing requirement and elects to do so.  Tax filing requirement and elects to do so.  Amended UBI			May 1 Fee is \$150.00 y 1, Fee is \$550.00 ed UBR is \$61.25 able to Department of St	10. Election Campaign Fi Trust Fund Contribution		\$5.00 May Be Added to Fees	
11.	Passident OFFICERS AND	DIRECTORS	TITLE				
NAME STREET ADDRESS	Joshua D. KATL		name Street addebss				
CITA-21-SIb	Wester FL 33327		CEY/SD/2P				
TITLE NAME			YITLE NAME				
STREET ADDRESS CATY - ST - ZIP			STREET ADDRESS CHY-ST-TP			<b>.</b>	
TITLE			10 H 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	And the second s	V#¥*, \$	V K. 655 V	
NAME Street address			name Street address	DO NOT	18/F3FFF	_	
CITY-ST-ZIP			Cityast-zip	DO NOT			
TITLE NAME			TATULE NAME)	IN THIS	SPACE		
SYREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE			TITLE MANAE,				
NAME STREET ADDRESS			SPREET ACCHESS				
CHY-ST-ZIP TITLE			CATY-ST-ZIP		-		
NAME STREET ADDRESS			NAMĘ Streetiaudreiss				
CITY-ST-ZIP			CITY+ST-ZIP				
13. Thereby of indicated of the corattachmer	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp it with an address, with all other like en	this filing does not qualify true and accurate and tha owored to execute this reprovered.	for the exemption stated in S t my signature shall have the on as required by Chapter	Section 119.07(3)(i), Florida Statutes, a same legal effect as if made under 607, Florida Statutes; and that my re	I further certify the oath; that I am ar ame appears in E	nat the information n officer or director Block 11 or on an	