## FILED Apr 25, 2003 8:00 am Secretary of State 04-25-2003 90249 044 \*\*\*150.00

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

SIZE ADDITIONAL NUMBER   1.34743   SIZE ADDITIONS   1.55   Manage   Address   10.2   Mounty	1. Entity Nan	MENT # P0100009		2			4.5		
Sure, Act 4, etc.    Sure, Act 4, etc.   Sure,	102 HOLLYHOCK CIRCLE 3038 MICHIGAN AVE.					11017430			
Sale, Agil II, etc.   Guide	2. Principal F	Place of Business	3. Mailing Address	Hoce	k CIRAE				
SANCHEZ NANCY   Street Address of Current Registered Agent   Street Address (P.O. Box Number is Not Acceptable)	Suite, Apt.	#, etc.					CHECK HERE IF M	AKING CHANGES	s :
8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Alame    Name   Name   Name   Name   Name	City & Stat	e	City & State  KISSIMME	EE P	L.	4, FEI Numb		<b></b>	Applied For i
SANCHEZ, NANCY 102 HOLLYHOCK CIRCLE  Street Address (P.O. Box Number is Not Acceptable)  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 ecological or drighted agent.  SIGNATURE  Signam, you'de primed carried authered agent entitles with a SSS JOU May be a Carried flory; 1,27031 see will see SSS JOU May be a Carried flory; 1,27031 see Williams JOU May be a Carried flory; 1,27031 see Williams JOU May be a Carried flory; 1,27031 see Williams JOU May be a Carried flory; 1,27031 see Williams JOU May be a Carried flory; 1,27031 see Williams JOU May be a Carried flory; 1,27031 see Williams JOU May be a Carried flory; 1,27031 see Williams JOU May be a Carried flory; 1,27031 see Williams JOU May be a Carried flory; 1,27031 see Williams JOU May be a Carried flory; 1,27031 see Williams JOU May be a Carried flory; 1,27031 see Williams JOU May be a	Žip -	Country		Country	у			Fee Requi	
STORE ANDRESS 102 FOLICY HOCK CIRCLE  A. 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 accept the entitle of entities and accept the entitle of entities and accept the entitle of entities. In the State of Florida. I am familiar with, and accept the entitle of entitle of entitle of entitle of Florida. I am familiar with, and accept the entitle of entitle of entitle of Florida. I am familiar with, and accept the entitle of entitle of entitle of Florida. I am familiar with, and accept the entitle of entitle of entitle of Florida. I am familiar with, and accept the entitle of entitle of Entitle of Entitle of Florida. I am familiar with, and accept the entitle of Entitl		6. Name and Address of Curre	ent Registered Agent		Name	7. Name and	Address of New Regis	tered Agent	
B. The above named entity submits this statement for the curpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the editional properties of registered agent, or both, in the State of Florida. I am familiar with, and access the editional properties of the curpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the editional properties of the curpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the editional properties of the curpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the editional properties of the curpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the editional properties of the curpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the edition of the edition of the edition of the edition of the collection of the edition of the collection of the collect	102 HOLLY	HOCK CIRCLE			Street Address (	P.Q. Box Numb	er is Not Acceptable)		
6. 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 occupations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occupations of registered agent, or both, in the State of Florida. I am familiar with, and accept the occupation of registered agent, or both, in the State of Florida. I am familiar with, and accept the occupation of registered agent, or both, in the State of Florida. I am familiar with, and accept the occupation of registered agent, or both, in the State of Florida. I am familiar with, and accept the occupation of registered agent, or both, in the State of Florida. I am familiar with, and accept the occupation of registered agent, or both, in the State of Florida. I am familiar with, and accept the occupation of registered agent, or both, in the State of Florida. I am familiar with, and accept the occupation of registered agent, or both, in the State of Florida. I am familiar with, and accept the occupation of registered agent, or beginning agent, and accept the property of the state				-	<b>City</b>			FL Zip Co	ode
FILE NOW!! FEE S 150.00  FILE NOW!! FEE S 150.00  After May 1: 2003 Fee will be \$5.00.00  After May 1: 2003 Fee will be \$5.00.		named entity submits this statemen	t for the purpose of changing its	a registere o	d office or register	red agent, or bo	th, in the State of Florida	• –	h, and accept
After May 1: 2003. Fee willinks \$550.00 May and Act Check Payable to Floridac Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITUE  OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITUE  NAME  SANCHEZ, NANCY  SHEET ADDRESS  CITY 51 2P  TITLE  NAME  SIREST ADDRESS  CITY 51 2P  TITL	SIGNATURE	Signature, typed or primed name of registered ag	ent and little if applicable. (NOT	(E. Registered /	Apentzijname requiet	d when minstacing)		CATE	
ITILE MANE STRETADORESS CITY-ST-2P KISSIMMEE, FL 347435  CITY-ST-2P  CITY-ST-2	Afte	May 1, 2003 Fee will be \$550.0							
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TITLE NAME ROJAS, HECTOR ROJAS, HECTOR STREET ADDRESS (CTV-ST-22P)  TITLE NAME STREET	NAME STREET ADDRESS	SANCHEZ, NANCY 102 HOLLYHOCK CIRCLE	. Delete	NAME STREET	i			□ ciende	
NAME STREET ADDRESS CITY - ST - ZIP    Delete	TITLE NAME STREET ADDRESS	V ROJAS, HECTOR 102 HOLLYHOCK CIRCLE	☐ Delete	TITLE NAME STREET	ADDRESS			☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  TITLE NAME STREET ADDRESS CITY-ST-2IP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption staled 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 attachment with an address, with all pithe) like empowered.	NAME STREET ADDRESS		☐ Delete	NAME Street				☐ Change	e Addition
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	SIGNAT		H	,			04/22/03		<u> </u>