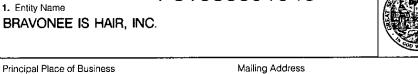
FILED Apr 28, 2003 8:00 am § Secretary of State

04-28-2003 90338 011 ***150.00

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

DOCUMENT #

P01000091946



2331 NORTH STATE ROAD #7 **SUITE 122** LAUDERHILL FL 33313

Mailing Address

2331 NORTH STATE ROAD #7

SUITE 122

LAUDERHILL FL 33313

					38181 1818 1821 8282 8121 188 1	
 2. Principal P 2331 	Place of Business N State Rd 7	3. Mailing Address C/O Coumen JAPP		(10011001 115 00107 11011 08111 00111 80111 90111	(#191	
Suite, Apt. #, etc. Suite # 123		Suite, Apt. #, etc. 4865 NW 95 AVE		CHECK HERE IF MAKING CHANGES		
City & State Lauder hill		Sunrise FL		4. FEI Number 65-1142667 Applied For Not Applicable		
Zip 333	313 Broward,	Zip FC 33351	Bromard	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
			Name	Name		
YAPP, CARMEN T			Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
4865 NW 95 AVENUE				***		
SUNRISE FL 33351						
	•		City	FL	Zip Code	
9 The shows	named onlike submits this statement for	the purpose of changing its re	agistared office or regis			
8. 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 obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
Signature, typed or printed name or registered agent and the in applicable.						
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be						
After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees						
Make Check Payable to Florida Department of State						
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE.	P	☐ Delete	TITLE	~	. ☐ Change ☐ Addition	
NVNE	YAPP, CARMEN T		NAME CTREET ADDRESS			
STREE! ADDRESS	4865 NW 95 AVE		STREET ADDRESS CITY-ST-ZIP			
CITY-ST-ZIP	FORT LAUDERDALE FL 33351			m.j.·	Change Addition	
TITLE] .	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
name Street address			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
		☐ Delete	TITLE		☐ Change ☐ Addition	
TITLE Name====================================		□ Delete	NAME		onlings reconon	
STREET ADORESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
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NAME	•		NAME			
STREET ADDRESS			STREET ADDRESS		(
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAMÉ			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	·		
TITLE		☐ Delete	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

12. 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 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:

JRE REQUIRED

Daytime Phone #