## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Aug 18, 2002 8:00 am Secretary of State

1. Entity Nar			08-18-2002 90129 040 ***550.00				
Stir	ling water Compan	y, Ix.	√				
	DO NOT WRITE	IN THIS SP	ACE		9748	60	•
2. Principal Place of Business 1050 NW 93 AVONUR 3. Mailing Address 5a.  Suite, Apt. #, etc. Suite, Apt. #, etc.			~ <u>*</u>			·	
Suite, Apt.				DO NOT WRITE IN THIS SPACE			
City & State City & State			4. FEI Number 65-11	4. FEI Number Applied For 65-1148031 Not Applicable			
3337	Country USA	Zip	Country	5. Certificate of S		□ \$8.75 Fee Red	Additional
			Name	7. Name and Addr		gistered Agent	
DO-NOT-WRITE IN THIS SPACE				Street Address (P.O. Box Number is Not Acceptable 1000 NW 93 AVENUE			
			10	50 NW 93	AUFNUE"		
	4 .		City DL	whation	· · · · · · · · · · · · · · · · · · ·	Zip I	Code _
8. The above named entity submits this statement for the purpose of changing its re			gistered office or rea		the State of Florids	FL   Zip	3322
SIGNATURE .	Signature, y ped or printed name of registered agent a	raina	egistered Agent signature re		The State of Florida	8-13-07	٧
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  Amended			ogiotoroa rigerit sigribitata 18	quired when reinstating)		Ditte	
Tax filing re (See criter	requirement and elects to do so.	January 1 - May After May 1,	/ 1 Fee is \$150.00 Fee is \$550.00 JBR is \$61.25	10. Election	n Campaign Financ and Contribution.	~ ~ <b>~</b>	<b>5.00</b> May Be dided to Fees
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Tax filing re (See criter)  11.  TITLE  NAME	operation and elects to do so.  Tria on back)  OFFICERS AND IT  TEAN MATRICAN  1050 NW 93 AVI	January 1 - May After May 1, Amended L Make Check Payable DIRECTORS  2: A PRES: UENT ENUE	/ 1 Fee is \$150.00 Fee is \$550.00 JBR is \$61.25	10. Election		~ ~ <b>~</b>	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PHUNTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/02

954-424-0236