


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90240 033 ***150.00

DOCUMENT # PO1000097345

1. Entity Name
THE HAND AND FOOT COMPANY INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5792 Sunset Drive
Suite, Apt. #, etc.

3. Mailing Address
9820 SW 1st Ct.
Suite, Apt. #, etc.

City & State South Miami FL City & State Plantation FL

Zip 33143 Country USA Zip 33324 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4473102 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name DIANNE S. DEMOS CPA

Street Address (P.O. Box Number is Not Acceptable)
9820 S.W. 1st COURT

City Plantation FL Zip Code 33324

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 Dianne S. Demos CPA DATE 4/28/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Antonia Mofaris</u> <u>9820 SW 1st Ct</u> <u>Plantation, FL 33324</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIA MOFARIS Date 4/28/03 Daytime Phone # 954 9150268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)