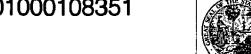
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000108351 **DOCUMENT #**

1. Entity Name SRM WEST, INC.



FILED Apr 03, 2003 8:00 am Secretary of State

04-03-2003 90185 045 ***150.00

						1 T. S.					
'	ce of Business RATION CIRCLI L	3400	Mailing Address 3400 NW 77TH COURT		am du uti (A)		. De l'El de la compañ de la comp La compañ de la comp		***********		
2. Principal F	Place of Busine	ess	3. Ma	3. Mailing Address				(
Suite, Apt.	. #, etc.	,	Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & Stat	te		City	City & State			4. FEI Number 04-3629556		_ 	pplied For ot Applicable	
Zip	Country				Count	try	5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent							7. N	Name and Address of New Registered A	gent		
DIAZ, RICHARD J P.A. 3127 PONCE DE LEON BLVD						Name Street Address (P.O. Box Number is Not Acceptable)					
CORAL G	iables fl 3		•		City		FL	Zip Coo	ie		
	e named entity tions of registe		ent for the purp	pose of changing its	registere		ed age	ent, or both, in the State of Florida. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed o	r printed name of registered	agent and title if app	olicable. (NOTE	E: Registered	d Agent signature required	when re	pinstating) DATE			
Afte	r May 1, 200	FEE IS \$150.00 3 Fee will be \$550 Florida Departme),00 ent of State				,	9. Election Campaign Financing Trust Fund Contribution. □	Ådded	00 May Be d to Fees	
10.	1	OFFICERS /	AND DIRECTO		11.	·	ADI	DITIONS/CHANGES TO OFFICERS AND			
NAME STREET ADDRESS CITY-ST-ZIP	PDT TOIMIL, FR 3400 NW 7 MIAMI FL	ANK 7TH COURT		☐ Delete		1			☐ Change	Addition Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	ı			☐ Delete					Change ,	☐ Addition	
12. I hereby of indicated of the corp changed,	certify that the on this report poration or the , or on an attac	or supplementäl, ren e receiver ortrustee chment with an addr	ort is true and empowered to ess, with all oth	does not qualify for accurate and that mexecute this report are like empowered.	ny signati as require	nption stated in Seure shall have the sed by Chapter 607	ction 1 same le , Floric	119.07(3)(i), Florida Statutes. I further certiegal effect as if made under oath; that I are da Statutes; and that my name appears in	i an officer Block 10 or	or director Block 11 if	

SIGNATURE: