2003 FOR PROFIT CORPORATION/ UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2003 8:00 am Secretary of State

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WI.G. TIKI	E3 U3A, II	····									*	
	e of Business Park Road Ba , FL 33021	Y 2	Mailing Addra 5935 WEST P HOLLYWOOD,	ARK ROAD BA	NY 2		11	03465	i			
2. Principal P	Place of Busine	\$\$	3. Mailing Ad	dress								<u> </u>
Suite, Apt. #, etc.		Suite, Apt.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State		City & State	City & State		05 4450000			plied For-	-			
Zip		Country	Zip		Country	5. C	ertificate of Status	Desired	□ \$ \$	8.75 Add	litional	
\phi_{\beta}	6. Name a	and Address of Curre	nt Registered Ager	nt		7. Na	me and Addres	s of New Regi	stered Ag	ent		1
DOCCI WA	CNED				Name							7
ROSSI, WA 59\$5 WEST HOLLYWO	PARK ROA OD, FL 3302	D BAY 2 21	.		Street Addre	ess (P.O. Bo	x Number is Not	Acceptable)	· · · · · · · · · · · · · · · · · · ·			
			•		City				FL	Zip Code		
8. The above	named entity	submits this statement	t for the purpose of	changing its r	egistered office or reg	gistered age	nt, or both, in the	State_of Florid	a. I am far	nillar with,	and accept	-1
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_	registe	-			- -							
_		•	ent and title if applicable.	(NOTE:	Registered Agent signature re	nguired When rein	Stating)	•	DATE			
SIGNATURE	Signatum, typed o	printed name of registered ag	ent and little if applicable	(NOTE:	Registered Agent signature re	eding about their	stating)		DATE			
SIGNATURE	Signature, typed o	•	10	(NOTE:	Registered Agentstynature re	niar neflw basiusa	9. Election Ca	mpaign Finand Contribution.			0 May Be to Fees	
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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 trusfee empowered to execute this report as required by Chapter 507, 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: //

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

04/28/1003

Caytime Phone #