

## FILED Sep 08, 2004 08:00 AM Secretary of State

905-784-4511 Daytime Phone #

| 1. Entity Nam   | MENT # P0100011876  | 8  |                               | _  |  |  |
|---|---|--|-------------------------------|--|--|--|
| 1267 NW 165TH AVE.  |   | lailing Address<br>1267 NW 165TH AVE.<br>PEMBROKE PINES, FL 33028      |                               | 09072004 No Chg-P CR2E034 (10/03)  4. FEI Number Applied For Not Applicable  5. Certificate of Stalus Desired \$8.75 Additional Fee Required |  |  |
| DO NOT WRITE IN THIS SI   |   |  | CE                            |  |  |  |
| A1A REGISTERED AGENT, INC.<br>92 SADBERRY ROAD<br>QUINCY, FL 32351-0000   |   | increase agent   | DO NOT WRITE<br>IN THIS SPACE |  |  |  |
| 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 little if applicable (NOTE Registered Agent signature required when reinstating)  DATE   |   |  |                               |  |  |  |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 8, 2004   |   | 9. Election Campalgn Financing \$5.00 Trust Fund Contribution.   Added |                               | .00 May Be<br>led to Fees  | OO May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |
| TO.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  | OFFICERS AND DIRE DP DANSO, EMMANUEL A 1267 NW 165TH AVE. PEMBROKE PINES, FL 33028 D DANSO, IRENE O 1267 NW 165TH AVE. PEMBROKE PINES, FL 33028 | CTORS  |                               |  | - U00000171877<br>09/08/04-80009-018 150.00  |  |
| TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP   |   |  |                               |  | NOT WRITE<br>THIS SPACE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |                               | neion 110 07/01  | (i) Florido Statutos   further partiful that the information   |  |
| 12. I hereby certify that the information supplied with this filling 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 trusted 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 all other like empowered. |   |  |                               |  |  |  |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: <u></u>