## PLEASE-REAU ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI STATEM			Se	ecretary	TMENT OF STATE of Sta	TE			FEB -		D 112: 28 _\$JA[J			
DOCUMENT # P0)0001)8962									TALL	ÄHÄŠ	51:17	FLOIdi	λ		
G4	+ P	Pa	ol Se	envices	<b>.</b> 1	NC									
·					3. Mailing Office Address 2181 N. Powerlouf Parin					aictatempmic					
Suite, Apt. #,		ux .	222-42 CV	Suite, Apt. #, etc.				CINO HILLIAM 35-03							
#_20	>3			Z	Ζ				4. Date Incorporated or Qualified To Do Business in Florida 12/17/01						
City & State	٧h	FL.	City & State					5. FEI Number Applied For Not Applied In In Not Applied In In Not Applied In							
Zip		Country		Zip Country				<u> </u>					ot-Applicable	-1	
334	63	£	1.S.A.	3306	9	USA		CERTIFICATE	OF STATU	S DESIREI		5 Addition or a Certific	al Fee requir ate of Status	ed	
-	Name (		•	<b>7.</b> Na	ne and Ad	ddress of Current Re	gistered	Agent					1		
	PAT Hughes														
		ess (P.O	. Box Number is No	#	<b>3</b>										
	7816 SONOMO Springs (In												1		
ŀ	City Lake worth								State	Zip Co		>			
8 I boing a			<del></del>		tion on to	amiliar with and accept	the oblig	ations of socie	FL		46		<u> </u>	ĝ	
Signature of Registered A			RE		anons of sector			J303, F.S.			CRZE081 (01/04)				
9. Names a	and Street Ad	dresses	of Each Officer and	/or Director (Floric	la nonprof	it corporations must lis	st at least	3 directors)					***		
Titles		Officer	Name of s and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip						
Pres	es Patrick Hughe				7816 SOLOMA SA			or Co	Lane	·w	2 7 7	1 1 1 4			
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this reins owed by	statement app the corporati	olication, on have	the reason for diss been paid and the i	olution has been e names of individua	liminated, Is listed or	execute this application the corporate name sain this form do not qualities legal effect as if made	atisfies the ify for an e	requirements exemption unde	of section	607.0401	or 617.04	01, F.S., th	at all fees		

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: