FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

1. Entity Name

DOCUMENT # P0/000/200



Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91362 005 ***150.00

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		and the second s			
2. Principal P	lace of Business	3. Mailing Address		1	
<u>4524</u>	Woodlot Ct.	4524 Wood	<u>10t Ct.</u>		
Suite, Apt.	#, etc.	Suite, Apt. #;-etc =:		DO NOT WRITE IN THIS SPA	ACE
0: 00:		City & State		4. FEI Number	Applied For
City & State		Orlando, F	Torida	22-3850404	Not Applicable
Zip	Country		Country	_	3.75 Additional
3328		^{Zip} 32835	ໃນເລີ້າ.		e Required
<u> </u>		dan ar a san sen demande de la companya de la comp	THE PROPERTY OF	7. Name and Address of Current Registered A	gent
			Name Sil	gene Flores	
TO SEE STATE	DO NOT W	RITE	では他の表現を表現を	(P.O. Box Number is Not Acceptable)	
		表现 医医数位性 医二甲基酚	Sileet Address	(F.O. Dox Number is Not Acceptable)	
	IN THIS SE	ACE	1601	woodlat (+	
			City 6	WOUTION CI.	Zin Code
			- Oric	undo FL	<u> 32835</u>
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am fami	iliar with, and accept
the obligat	tions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent	I and title if applicable. (NOTE	: Registered Agent signature require	d when reinstating) DATE	
	nuary 1 - May 1 Fee is \$150.00	•		9 Floring Committee Floring	# 5.00
	After May 1, Fee is \$550.00 —————————————————————————————————	*	للمعتبية والمتحملين والمصيب		\$5.00 May Be Added to Fees
Make Check	Payable to Florida Department o	f State			
10. 🕶	OFFICERS AND	DIRECTORS			· 为。于 、 本中,是 W. A.E. 中断加量
TITLE	P		TITLE	All the second of the second o	
NAME	Eugene Flores		NAME	Mark Mark The Committee of the Committee	7. 5. 4. 5.
	4524 Wood 10+ C+.	•			
CITY-ST-ZIP			STREET ADDRESS		
	orlando, FL 32839	<u></u>	CITY-ST-ZIP		
TITLE	orlando, FL 32835	3	CITY-ST-ZIP		
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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 supplied tal 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 receive of itusies 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.

SIGNATURE

Daytime Phone #