FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000120783



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Daytime Phone #

DO NOT WRITE IN THIS SPACE 2. Pinnoral Place of Business 2.253 NE 136th Street Suite, April & etc. Suite, April & etc. Suite, April & etc. City & Salar City & Salar DO NOT WRITE IN THIS SPACE The above named early submit fine subcrimptor the purpose of charging its registered office or engistered agent. or both, in the State of Fibrida. I am farrible with and accept the declaration of the	One Sto 2253 N				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
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Note	Suite, Apt.	#. etc.	Suite, Apt. #, etc.							
DO NOT WRITE IN THIS SPACE To Name and Address of Curront Registered Agent To Name and Address of Curront Registered Agent Name Merland J. Conine Street Address (P.O. Box Number is Not Acceptable) 2871 Sunrise Lakes Drive E. City Sunrise, Florida The above named entity submits has apprenent the purpose of changing its registered office or registered agent or both. In the State of Forda, I am familiar with, and accept the obligations registered upfat. Merland J. Conline, Registered Agent Merland J. Conline, Registered Agent 11 / 22 / 3 3 3222 SIGNATURE Merland J. Conline, Registered Agent 12 / 23 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			City & State	City & State		4.	XULUU.3.3.3.3			
DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable)		,			try	_ <u></u>	Fee Required			
8. The above named entity submits files described for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations registered agent of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations registered agent of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida and the state of F					Name Merland J. Conine					
B. The above named entity submits five apartment of 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. Meriand J. Conine, Registered Agent 11 / 22 / 3 Meriand J. Conine, Registered Agent 11 / 22 / 3 Meriand J. Conine, Registered Agent 12 / 23 / 3 Meriand J. Conine, Registered Agent 13 / 24 / 3 Meriand J. Conine, Registered Agent 14 / 22 / 3 Meriand J. Conine, Registered Agent 15 / 25 / 3 Meriand J. Conine, Registered Agent 16 / 25 / 3 Meriand J. Conine, Registered Agent 17 / 25 / 3 Meriand J. Conine, Registered Agent 18 / 25 / 3 Meriand J. Conine, Registered Agent 19 / 25 / 3 Meriand J. Conine, Registered Agent 19 / 25 / 3 Meriand J. Conine, Registered Agent 19 / 25 / 3 Meriand J. Conine, Registered Agent 19 / 25 / 3 Meriand J. Conine, Registered Agent 19 / 25 / 3 Meriand J. Conine, Registered Agent 19 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Registered Agent 10 / 25 / 3 Meriand J. Conine, Regist	IN THIS SPACE									
Merland J. Conine, Registered Agent Signature Mariand J. Conine, Registered Agent 1 1 1 1 1 1 1 1 1	0 The observe									
After May 1, Fee Is \$55.00 May B Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE INME President, S, T, D Vegory Dulix 2053 NE 136th Street INCH NAME SIRET ADDRESS CITY-ST-2P TITLE NAME	the obligation of registered agent. SIGNATURE Merland J. Conine, Registered Agent 11/12/03									
TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees									
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the semple of section 119 G7(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the semple of section 119 G7(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the same legal effect as if made under certify that lam an officer or director.	NAME, STREET ADDRESS	2			ME			r writi	E	
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NAME STREET ADDRESS CTY-ST-ZIP 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 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 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 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 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 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 with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that I am an officer or director.	Name Street Address			NAM STRE	E Et address		-	du M	A.	
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 cath, that I am an officer or director.	NAME Street Address '		,	NAM STRE	ET ADDRESS			D		
SIGNATURE: / Vegory Dulix, President 11/12/0 3 305-947-7220										

2871 Sunrise Lakes Drive East Sunrise, Florida 33322 (954) 578-6643

185. od

Tuesday, October 21, 2003

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Dear Madam or Sir:

The attached is forwarded with appropriate documentation because the original one did not come to the forwarding address and was overlooked.

Please accept this as an honest mistake.

Sincerely,

Merland J. Conine Registered Agent