FILED Apr 23, 2003 8:00 am Secretary of State

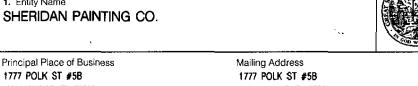
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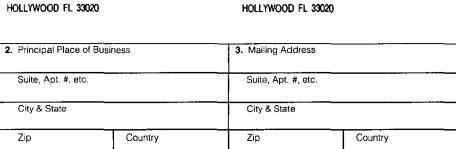
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT #

P01000121222

1. Entity Name







☐ CHECK HERE IF MAKING CHANGES

Not Applicable \$8.75 Additional Certificate of Status Desired 6. Name and Address of Current Registered Agent __7. Name and Address of New Registered Agent

SMITH, SHERIDAN 1777 POLK ST #5B HOLLYWOOD FL 33020

SIGNATURE

Name		٠.
Street Address (P.O. Box Number is Not Acceptable)		-
City	 Zin Code	,

4. FEI Number

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.

ーニン ー FILE NOW!!! F放E IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or privated name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Applied For

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. TITLE TITLE ☐ Addition ☐ Delete SMITH, SHERIDAN NAME NAME STREET ADDRESS 1777 POLK ST #5B STREET ADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE THILE ___Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 trustee 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 an address, with all other like empowered

CITY-ST-ZIP

TITLE

NAMÉ

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

☐ Delete

Delete

☐ Change

☐ Addition

Addition