FILED
Mar 07, 2003 8:00 am
Secretary of State
03-07-2003 90139 041 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000001957

10033310

1. Entity Name
PARAKLETOS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
4153 SW 47TH AVENUE SUITE 110 DAVIE, FL 33314	4153 SW 47TH AVENUE SUITE 110 DAVIE, FL 33314

2. Principal Place of Business	3. Mailing Address
4970 SW 52 ND ST	3170 LAMIRAGE DR.
Suite, Apt. #, etc. SUITE #317	Suite, Apt. #, etc. E.
City & State DAVIE, FLORIDA	City & State LAUDERHILL FLORIDA
Zip 33314 Country USA	Zip 33319 Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 30-000-9509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KANE, THOMAS G
3170 LAMIRAGE DRIVE
LAUDERHILL, FL 33319

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KANE, THOMAS G 3170 LAMIRAGE DRIVE LAUDERHILL, FL 33319	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BROWN, VICTOR E 11025 W. BROWARD BLVD. PLANTATION, FL 33324	☑ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROMAN, DAVID 19483 ESTUARY DRIVE BOCA RATON, FL. 33498	☑ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 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.

SIGNATURE: Thomas Kane 3/3/03 954-327-8525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #