2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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See and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Street Address (F.O. By Number is Not Acceptable) Server Address (F.O. By Number is Not Acceptable) Separation of Internation of Int	City & Stat	te		City & State				10	FEI Number Applied For Not Applied For	
SHENDELL & ASSOCIATES, P.A. 3850 N FEDERAL HWY, SUITE 202 LIGHTHOUSE POINT FL 33084 City City FL Zip Code B. The above named entry 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 Signature flower in the State of Florida in familiar with a packetonic interesting in the statement of state 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 Built Name 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 COHEN, KAREN 1192 BERMUDA VILLAGE DR 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 COHEN, KAREN 1192 BERMUDA VILLAGE DR 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 COHEN, KAREN 1192 BERMUDA VILLAGE DR 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 COHEN, KAREN 1192 BERMUDA VILLAGE DR 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 COHEN, KAREN 1192 BERMUDA VILLAGE DR 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 COHEN, KAREN 1192 BERMUDA VILLAGE DR 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 COHEN, KAREN 1192 BERMUDA VILLAGE DR 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 COHEN, KAREN 1192 BERMUDA VILLAGE DR 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 COHEN, KAREN 1192 BERMUDA VILLAGE DR 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 COHEN, KAREN 1192 BERMUDA VILLAGE DR 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 11 COHEN, KAREN 1192 BERMUDA VILLAGE DR 111. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 COHEN, KAREN 1192 BERMUDA VILLAGE DR 111.	Zip	Country			Zip Cou				Contition to of Status Desired	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Foods. I am familiar with, and accept the obligations of registered agent. Signature Symbol Property present with the statement for the purpose of changing its registered office or registered agent, or both, in the State of Foods. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foods. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foods. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foods. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foods. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foods. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foods. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foods. I am familiar with, and accept the obligations of registered agent, or both, in the State of Foods. I am familiar with, and accept the state of Foods. Signature Sign	3650 N F	EDERAL HW	VY, SUITE 202				P.O. B	NA		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	indicated of the cor changed,	on this report poration or the or on an atta	tor supplemental report is e receiver or trustee empo chme it with an address	true and wered to th all oth	accurate and that recept this report of the empowered	ny signa as requi	ture shall have the s red by Chapter 607	same le	legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 10 or Block 11 if 5/3-79/-8606	