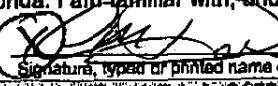



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90205 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000003699			
1. Entity Name			
CHARLAINE M. DORKINS, PA			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
700 LENNOX AVENUE #5		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI BEACH, FL			
Zip	Country	Zip	Country
33139			
		4. FEI Number 01-0574185	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name CHARLAINE M. DORKINS			
Street Address (P.O. Box Number is Not Acceptable) 700 LENNOX AVENUE #5			
City MIAMI BEACH FL Zip Code 33139			
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 		CHARLAINE M. DORKINS 4/30/2003	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
	CHARLAINE M. DORKINS		
STREET ADDRESS	700 LENNOX AVENUE #5	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.			
SIGNATURE 		CHARLAINE M. DORKINS 4/30/2003 (407) 758-3447	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	