## FILED Jun 16, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT # P02000003	725	7	- The same	1	06-16-2003	3 90147 0	27 ***	158.75	
1. Entity Nan		725 / (	رك كر		1					
Principal Plac	ce of Business	Mailing Address		L, <u>-</u> , <u>-</u> ,	1		i			
8369 N COR		8369 N CORAL CR	.co							
N LAUVEKVAI	LE, FL 33068	N LAUDERDALE, FL 330	68							
2. Principal Place of Business 3. Mailing Address										
Suite, Apt.	.f etc.	Suite. Ant. #. etc.	Suite, Apt. #, etc.							
					CHECK HERE IF MAKING CHANGES					
City & State City & State					4. FEI Number 56-23000/5 Applied For Not Applicable					
Zip Country		Zip Coul		try	┼—-		- \$9			
, 				<u> </u>		Certificate of Status Desired \$8.75 Additional Fee Required				
						ame and Address of New Re	gistered Age	nt		
CABRERA,				Name	·					
8369 N COI N LAUDER	RAL CR DALE, FL 33068		Street Address			(P.O. Box Number is Not Acceptable)				
				City			FL	Zip Cod	le	
S The share	named entity submits this statement for	the purpose of changing its	ragiotor	office or register		nt or both in the State of Flori		iti orth		
	tions of registered agent.	or the barbose or changing its	s legister	ad outce or refiltre	ren age	m, or boin, in the state or rior	ua. Famiam	mar whin,	, and accept	
SIGNATURE									•	
SIGNATURE	Signature, typed or printed name of registered agent	and tide if applicable. (NOT	E: Registare	d Agentzignature required	dwhen igin	ssating)	DATE			
THE PARE	FILE NOWIT: FEE IS \$150.00 r Mby 1: 2003 Ree Will be 4550 00 k Payable to Florida Department					Election Campaign Fina Trust Fund Contribution.		\$5.0 Added	O May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.	· · · · · · · · · · · · · · · · ·	ADD	DITIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 11	
TITLE 🖑	D.	Delete	1010	į.				Change	Addition	
NAME STREET ADDRESS	CABRERA, ORLANDO 8369 N CORAL CR	•	, NAM Stre	ET ADDRESS						
CITY-57-2P	N LAUDERDALE, FL 33068		CITY	-51-21P						
TITLE		☐ Delete	101					Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	E E1 address						
CITY-ST-ZP				-ST-2IP						
TITLE		☐ Delete	tifu	ŧ		<del></del>		Change	Addition	
NAME		_	NAH	ET ADDRESS						
"STREET ADDRESS CITY-ST-2P				-ST -ZIP		<del>-</del>	· •~ .	-		
TITLE		☐ Delete	ากเ	!				Change	Addition	
HAME			NAM						-	
STREET ADDRESS CITY-ST-ZP	}			ET ADDRESS - 51 - 21P						
TIPLE		☐ Delete	TITLE				<del></del>	Change	Addition	
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STREET ADDRESS CITY-ST-2P	<b> </b>			ET ADORESS -ST-ZIP						
TITLE	<del> </del>	☐ Delete	1111	<del></del>		<del></del>		Change	Addition	
NAME			NAM	J .			·	,		
STREET ADDRESS			8	E1 ADDRESS						
CITY-ST-ZP	antification information according to	n this filling class not availe for		-ST-ZIP	action 4	10.07/3Vi) Florida Statuta - 14	uther code	that the "	oforme*:	
indicated	certify that the information supplied with don this report or suppliemental report in reporation or the receiver or frustee emp l, or on an attachment with at address,	o true and accurate and that something to a source this resolution.	wateseve mysigus unaeseve	ture shall have the tred by Chanter 50	3ame le 7 Florid	ra.or(3), riorida Statules. 11 gal effect as if made under or a Statutes: and that my name	ith; that I am (	an allicer	or director	
changed	i, or on an attachment with an address,	with allother like empowered	1	ou of onapier ou	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. / / /	2011 E 12 20 A 11 I DI	JUN IV OI	I DIOCK IIII	
CIGNIAT	TURE: X	٠ ١ - ١	~	·		4/30/3				
AMDIC	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECT	FOR		O.m.a	Carytin	4 Phone s		