2003 FOR PROFIT CORPORATION

UN	IIFORM BUSINE	ESS REPOR	T (UBR	?)		13, 200		
DOCL 1. Entity Na KISTECH			Secretary of State 01-13-2003 90680 013 ***150.00					
15185 MICHE 204	ice of Business ANGELO BLVD.	Mailing Address PO BOX 541958 GREENACRES FL 33467		WETE		•	-	
2. Principal	CH FL 33446 Place of Business	3. Mailing Address	K					
	2 Barcelona CakalCir		is'abo	ve	- 4	ECK HERE IF MAKIN		
City & Sta		City & State	<u></u> .		4. FEI Number	542365	A	pplied For
334	Gountry USA	Zip	Country		5. Certificate of Statu		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Addres	s of New Registered	Agent	
			Name	· To		Feinbe		
FEINBÈRG 15 18 5 MIG	Street A		Shua Constant Shua Constant Shua Constant Shuar Con	Acceptable) .		cle_		
204X	133	162	TXII CE IUI	a care	<u> </u>	CIE.		
DÉLRAN E	City -	City Delray Beach FL 39344				le CXC17.		
8. The above	e named entity submits his statement to	the purpose of changing its	registered office of		d agent, or both, in the	State of Florida. I am	ر د ر n familiar with,	and accept
signature	tions of registered agent					-"	8-03	
	Signature, typed of printed name of registered agent a	nd tie applicable. (NOTE	: Registered Agent signa	ture required v	when reinstating)	DATE		
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be							M May Bo	
	k Payable to Florida Department of						to Fees	
10.	OFFICERS AND I		11.		ADDITIONS/CHANG	ES TO OFFICERS AN	D DIRECTOR	C IM 11
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NAME	FEINBERG, JOSHUA C	•	NAME	120	62 Barce	losa laki	/ ` '	
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	VELNAT BEAUTI FL 33446		CITY-ST-ZIP	1 De	Iray Be	ach FC	~ /	
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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 nustee 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 appears in Block 10 or Block 11 if

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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