2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2003 8:00 am Secretary of State 03-19-2003 90138 025 ***150.00

Secondary Seco	1. Entity Name	MENT # P0200000 7 ILD GROUP, INC.	7587				
Suite, Apt. #, etc. Suite, Apt. #, etc.	6705 N.W. 291	TH PLACE	6705 N.W. 29TH PLACE				
City & State Ci			130 SW 32 ND AVENUE				
DER FILE Delete	Suite, Apt. #	, etc.	Suite, Apt. #, etc.		CHECK HERE		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. New Registered Agent 8. New Registered Agent 9. Description of State Should Address of New Registered Agent 9. Description of State Agent 9. Des	City & State	,		ch, FL			pplied For lot Applicable
Name Sirest Address (P.O. Box Number is Not Acceptable)	_Zip	Country			·	Fee Require	ditional ed
Street Address (P.O. Box Number is Not Acceptable) City		5. Name and Address of Curre		Name	7. Name and Address of New	Registered Agent	
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accidence of registered agent. SIGNATURE Suparus, spall or printed name of systems agent and the Fapulcace PLE NOWILL FEELS \$160.00 After May 1, 2003 Five will use \$550.00 AND THOUGH THEE IS \$160.00 AND THOUGH THE STATE OF THE NOWILL FEELS \$160.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MAKE INTER ADDRESS ORV 51-2P ORIGINATURE ORIGINATURE ORIGINATURE OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MAKE SIRET ADDRESS ORV 51-2P ORIGINATURE ORIGINATURE ORIGINATURE ORIGINATURE ORIGINATURE SIRET ADDRESS ORY 51-2P ORIGINATURE ORIG	1772 EAST T	RAFALGAR CIRCLE	33442-23	35 Q	dress (P.O. Box Number is Not Acceptab	ıle)	
The colligations of registered agent. SIGNATURE SUpation, synatron printed remot of experience appet, and the Papicians. Charge Papicians	و			City		FL Zip Co.	de
FILE NOVILLE FEELS \$ 150.00 After May 12 2003. Fee. Will be \$556.00 Alake Check Rayable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. INTEL MANE INTEL ADDRESS COV-ST-2P INTEL INT			for the purpose of changing its	s registered office or re	egistered agent, or both, in the State of F	Florida. I am familiar with	, and accept
### MBUST 2003. Fee: Will View \$550.00 ### After MBUST 2003. Fee: Will View \$550.00 ### After MBUST 2003. Fee: Will View \$550.00 ### Added to Fees O. OFFICERS AND DIRECTORS III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III. MILE AME MARE Delete	BIGNATURE _	Signature, typed or printed name of segistated ag	ent and title if applicable. (NOT	E: Registered Agentsignature	equired when minstaling)	CATE	
TITLE IMAGE IAME IAME IAME IAME IRECTADDRESS COV-ST-2/P TITLE IAME I	After	May 1, 2003 Fee Will be \$550 C	io it of State .				
MARE TREET ADDRESS CITY-ST-2P Delete TITLE MANAME STREET ADDRESS	0.	OFFICERS AN					
TITLE ANAME ANAME STREET ADDRESS ADVINST-2P TITLE NAME STREET ADDRESS ADVINST-2P TITLE ANAME STREET ADDRESS ADVINST-2P TITLE ANAME STREET ADDRESS COTY-ST-2IP TO Delete TITLE ANAME STREET ADDRESS COTY-ST-2IP TO Delete TITLE ANAME STREET ADDRESS COTY-ST-2IP TO Delete	AME Treet address		☐ Delete	NAME	MARCEL MALO		F Addition
INTILE IAME STREET ADDRESS CITY-ST-2P ITTLE IAME STREET ADDRESS CITY-ST-2P	IAMÉ STREET ADDRESS	-	□ Delete	TITLE MAME STREET ADDRESS	DEEKFIELU DEALK FG 2	☐ Change	Addition
INTLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-2IP INTLE Delete TITLE Change Add NAME STREET ADDRESS CITY-ST-2IP INTLE Delete TITLE NAME STREET ADDRESS CITY-ST-2IP INTLE Change Add NAME STREET ADDRESS CITY-ST-2IP	NAME STREET ADDRESS		Delete -	NAME STREET ADDRESS		Change	Addition
NAME STREET ADDRESS CITY-ST-2IP ITILE IAME STREET ADDRESS CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP CITY-ST-2IP	ITLE IAMÉ STREET ADDRESS		☐ Delete	1ITUE NAME STREET ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS		☐ Change	Addition
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 direct of the corporation or the receiver or trostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1 changed, or on an attachment with an address, with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-21P		0	_
SIGNATURE: MARCEL MALO					14.	inch 12/	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date		SIGNATURE AND TYPED O		R OR DIRECTOR	Data		

ATTACHMENT \$6059125 \$P02000007587

ROTHSCHILD GROUP INC.

130 SW 32nd Avenue, Deerfield Beach , Florida, USA 33442-2350 Tel: 954-428-7321

Deerfield Beach, March 17th, 2003

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Florida 32302-1500

Subject: Rothschild Group Inc

2003 For Profit Corporation Uniform Business Report

Gentlemen,

Please find enclosed check in an amount of \$ 150.00 with the 2003 For

Profit Corporation Uniform Business Report duly signed as requested.

We thank you for your attention.

Yours truly,

Marcel Malo

Chief Executive Officer

37 37 1 45 \$8 (\$\$\$)

The first of the second was the state of the second second