2003 FOR PROFIT CORPORATION

## **FILED** Mar 27, 2003 8:00 am

				1 / - /		Secretary of State		
DOCUMENT # P0200008164  1. Entity Name DO IT YOURSELF WRAPS, INC.						03-27-2003 90101 014 ***150.00		
Principal Place of Business Mailing Address 5524 EAGLE LAKE DR. 5524 EAGLE LAKE DR. PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS,				L 33418				
2. Principal Place of Business			3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City & State			4. FEI Number 42-1529193 Applied For Not Applicable		
Zip			Zip			5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name	and Address of Curre	nt Registered Agent			7."Name and Address of New Registered Agent		
74154551				Name				
ZANFARDINO, RALPH 5524 EAGLE LAKE DR. PALM BEACH GARDENS, FL 33418				Street A	Street Address (P.O. Box Number Is Not Acceptable)			
				City		FL Zip Code		
	named entit		for the purpose of changing its i	egistered office of	r registere	ed agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	-	;						
	Signature, typed	or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent Signa	lum meguired s	when reinstating) CATE		
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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(3Xi). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CHY-ST-ZIP

STREET ADDRESS

SOUTONE RALPH ZANFARDINO SEGNATURE AND TYPED OR PRINTED NAME OF SECUNDA OFFICER OR DIRECTOR