FILED Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90159 032 \*\*\*158.75

FUN F	MOFII CO	MPUNAIR	/i <b>T</b>
UNIFORM	BUSINES	S REPORT	(UBR

DOCUMENT#

P02000016554



200 Country 33 068 U.S. 33 068 U.S. 7. Name and Address of Current Registered Agent Per Required Page 10 NOT WRITE IN THIS SPACE  City POMPANO BEACH City POMPANO BEACH FL Zin Code SINATURE  January 1: May 1 Fee is \$150.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  Mile WILE WILE WILE WILE WILE WILE WILE WILE	HENRY	''S CUSTOM MARINE	TOPS, INC.				
1960 SW 68TH TERRACE Suite, Apt. 9, etc.  City & State POMPANO BEACH, FL POMPANO BEACH, FL O2-0556839 Not Applicate to the Pompano BEACH, FL POMPANO BEACH FL Street Address of Current Registered Agent  IN THIS SPACE  IN THIS SPACE  City OMPANO BEACH FL Street Address (P.O. Box Number is Not Acceptable) 1960 SW 68TH TERRACE  SIGNATURE  January 1. May 1 Fee is \$150.00  Admended URB is \$1250.00  Admended URB is \$1250.00  Admended URB is \$1250.00  Admended URB is \$1250.00  Make Chack Payable to Florida Department of State  INC.  PRESIDENT  FIDEL ENRIQUE MARTINEZ  STREET AUGRESS  1960 SW 68TH TERRACE  SIGNATURE  PRESIDENT  MAKE  WARK  SIRET AUGRESS  1960 SW 68TH TERRACE  SIRET AUGRESS  1960 SW 68TH TERRACE  SIRET AUGRESS  SIRET AUGRE				ACE	The control of the co		)
POMPANO BEACH, FL POMPANO BEACH, FL O2-0.556839 Not Applicate 200 200 200 200 200 200 200 200 200 20	1960	SW 68TH TERRACE	1960 SW 68T	H TERRACE	DOV	IOT WRITE IN THIS SPA	CE
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 part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both, in the State of Florida, I part tamiliar with, and acceptable or registered agent, or both in the State of Florida, I part tamiliar with, and acceptable or registered agent	POMPA	NO BEACH, FL	POMPANO BEA		02-0556839		Not Applicable
THE ADDRESS OF STATE AD		· · · · · · · · · · · · · · · · · · ·	~	U.S.			, redenod
The obligations of registered agent.  SIGNATURE  Signature, byten or printed items of registered agent are filled applicable.  January 1 - May 1 Fee is \$150,00  After May 1, Fee is \$550.00  Amended UBR is \$51.25  Make Check Payable to Florida Department of State.  10. OFFICERS AND DIRECTORS  IIILE  NAME  STREET ADDRESS  CITY-ST-2P  POMPANO BEACH, FL 33068  TITLE  NAME  STREET ADDRESS  GITY-ST-2P  TITLE  NAME  TILE  NAME  STREET ADDRESS  GITY-ST-2P  POMPANO BEACH, FL 33068  TITLE  NAME  STREET ADDRESS  GITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  INTHIS SPACE	8. Itt-above	IN THIS SP	ACE	FIDEL Street Address 1960 SI	(P.O. Box Number is Not Ac W 6.8 TH TERRA ANO BEACH	CCEPtable)	33068
January 1- May 1 Fee is \$150.00  After May 1, Fee is \$550.00 Amended UBR is \$61.25  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  IIILE PRESIDENT FIDEL ENRIQUE MARTINEZ 1960 SW 68TH TERRACE POMPANO BEACH, FL 33068  IIILE NAME VICEPRESIDENT MARITZA MARTINEZ 1960 SW 68TH TERRACE GIV-SI-ZIP POMPANO BEACH, FL 33068  IIILE NAME STREET ADDRESS GIV-SI-ZIP FOMPANO BEACH, FL 33068  IIILE NAME STREET ADDRESS GIV-SI-ZIP FOMPANO BEACH, FL 33068  IIILE NAME STREET ADDRESS GIV-SI-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	the obligati	ons of registered agent.	,				-
TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  MARITZA MARTINEZ STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  MARITZA MARTINEZ 1960 SW 68TH TERRACE POMPANO BEACH, FL 33068  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  TITLE  NAME	Jar	uary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25		Registered Agent signature required	9. Election Camp	paign Financing	\$5.00 May Be Added to Fees
VICEPRESIDENT MARITZA MARTINEZ STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM	TITLE NAME STREET ADDRESS	PRESIDENT FIDEL ENRIQUE MA 1960 SW 68TH TER	ARTINEZ RRACE	name Street address *			
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME  NAME  NAME  STREET ADDRESS CITY ST-ZIP  DO NOT WRITE  TITLE NAME  NAME  NAME  NAME  NAME  NAME	NAME STREET ADDRESS	VICEPRESIDENT MARITZA MARTINEZ	7	NAME STREET ADDRESS CITY+ST-ZIP			100
	NAME STREET ADDRESS			NAME *STREET ADORESS	**		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS			NAME STREET ADDRESS	IN TH	IS SPACI	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS			NAME. Street address			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 eath, that I am an officer or director.	NAME STREET ADDRESS CITY-ST-ZIP			NAME Street address City st. Zip			

indicated on this report or supplemental report is true any accurate and marriny signature shall have the same regial check as it made under earn, that I am an officer or direct, 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.

SIG	NAT	URE