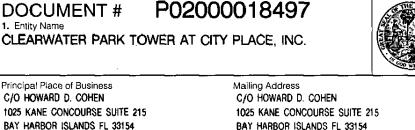
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

2. Principal Place of Business



3. Mailing Address

FILED May 02, 2003 8:00 am **Secretary of State**

05-02-2003 90134 018 ***150.00

Innaging

Suite, Apt. #, etc.		Suite, Apt, #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number	Applied For		
				03-041291.0	Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent			
							

COHEN, HOWARD D 1025 KANE CONCOURSE SUITE 215 BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent								
Name								
Street Address (P.O. Box Number is Not	Acceptable)							
		•						
City	FL_	Zip Code						

8. 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 am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS	OFFICERS AND DIRECTORS 11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	☐ Delete	TITLE	PALS IDENT	☐ Change	Addition		
NAME	·	NAME	HON WE O COHEN	*	1		
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP	BAY HARBOR ISCANDS, FL 33154	·			
TITLE	☐ Delete	TITLE	VIE AVET	☐ Change	Addition		
NAME		NAME	DOLL CONEN	_			
STREET ADDRESS		STREET ADDRESS	1025 KANE CONCOURSE, SUITE 21	5			
CITY-ST-ZIP		CITY-ST-ZIP	BAY HAKBOR IS LANDS. FL 3315"				
TITLE	☐ Delete	TITLE	JICE PRES	☐ Change	Addition		
NAME		NAME	ALAN J. COHEN				
STREET ADDRESS		STREET ADDRESS	1025 KANE CONCOURSE, SVITE 215				
CITY-ST-ZIP		CITY-ST-ZIP	BAY HARBOR IN CANDS, FG 331				
TITLE	☐ Delete	TITLE	LEC, TREAS	☐ Change	Addition		
NAME		NAME	KEWNETH J. COHEN		İ		
STREET ADDRESS		STREET ADDRESS	INET RANE CONCOURSE, SUITE RIT	•	}		
CITY-ST-ZIP		CITY-ST-ZIP	BAY HARBOR IS WAS, FC 33154				
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition		
NAME		NAME			- 1		
STREET ADDRESS		STREET ADDRESS			1		
CITY-ST-ZIP		CITY-ST-ZIP			}		
TITLE	☐ Delete	TITLE		☐ Change	☐ Addition		
NAME		NAME			.]		
STREET ADORESS		STREET ADDRESS			ĺ		
CITY~ST-ZIP		CITY-ST-ZIP			ļ		

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-867-2245

Daytime Phone #