FOR PROFIT CORPORATION ... UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jul 19, 2005 8:00 am **Secretary of State** DOCUMENT # P/)200003280 07-19-2005 90036 043 ***158.75 The water Poctor of South Florida DO NOT WRITE IN THIS SPACE 50055958 2. Principal Place of Business 3. Mailing Address 3220 canal D1 Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Bech 04 - 3627994 form pana Not Applicable Country S. A 33062 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name Benjamin BERMAN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 3220 canal IN THIS SPACE Pompano 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 January 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS Benjamin Beenan 3220 Conal Dr. #4 TITLE TITLE CR2E034B (12/02) NAME NAME STREET ADDRESS STREET ADDRESS Pompano isch FL 33062 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE 717) F the renewal until I called a requested one on 71/0s, Yes I would like to like my co. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter t

FILED