2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2003 8:00 am Secretary of State 04-11-2003 90200 049 ***150.00

SOTO, LAURA **STOTO,	1. Entity Nam		00033169 c.		
Suffe, Apt. 4. etc. Suffe, App. 4. etc.	4110 ENTERPS UNIT 101	RISE AVENUE	4110 ENTERPRISE AVEN UNIT 101	UE .	1 (100)(100) (1) 61(10) (100) 61(10) (100) 61(10) 61(10) 61(10) 61(10) 61(10) 61(10) 61(10) 61(10) 61(10) 61(10
City & State City & State City & State Country Zip Country S. Confidence of States Deleted S. Name and Address of Current Registered Agent The Marker and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City To British Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City To British Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City To British Address of New Registered Agent City To British Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City To British Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City To British Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FILE POWIT In FEE IS \$180.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State P. Change In Addition Street Address (P.O. Box Number is Not Acceptable) STREET AGENTS AND DIRECTORS IN 11 THE Number In The State of Florida Department of State In Control In Internation In Internation S. Becificor Campaign Financing S.	2. Principal Place of Business		3. Mailing Address		- L HERSTRAM TOL BEING LIGHT DERIN GEHIN BEHIN BERTA 1860 LINES LINES TREIS BETTING HELD LEGIS
Zip Country Zip Country S, Certificate of Status Degree S8.75 Additional Page 1 S8.75 Additional Page 2 S8.75 Additional Page	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
SOTO, LAURA 4110 ENTEPPRISE AVENUE UNIT 101 NAPLES FL 34104 8. The above many femiliary biblight this stall-present lays and itself approximate to Protein the chiligations of registered agent. FIL. Zip Code 8. The above many femiliary biblight this stall-present lays and itself approximate the chiligations of registered agent. SIGNATURE FIL. NOWIII FEE IS \$150.00 Added to Forest FILE NOWIII FEE IS \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TILL THE THE THE THE TOWN THE	City & State		City & State		4. FEI Number Applied For Not Applied For Not Applied For
SOTO, LAURA 4.110 ENTERPRISE AVENUE UNIT 101 NAPLES FL 34104 8. The above name of anney family softing this statement (a) the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept time chilippositions of registered agent, or both, in the State of Florida. I am familiar with, and accept time chilippositions of registered agent, or both, in the State of Florida. I am familiar with, and accept time chilippositions of registered agent, or both, in the State of Florida. I am familiar with, and accept time chilippositions of registered agent, or both, in the State of Florida. I am familiar with, and accept time chilippositions of registered agent, or both, in the State of Florida. I am familiar with, and accept time chilippositions or registered agent, or both, in the State of Florida. I am familiar with, and accept time chilippositions or registered agent, or both, in the State of Florida. I am familiar with, and accept time chilippositions or registered agent, or both, in the State of Florida. I am familiar with, and accept time chilippositions or registered agent, or both, in the State of Florida. I am familiar with, and accept time chilippositions or registered agent, or both, in the State of Florida. I am familiar with, and accept time chilippositions or registered agent, or both, in the State of Florida. I am familiar with, and accept time chilippositions or registered agent, or both, in the State of Florida. I am familiar with, and accept time chilippositions or registered agent, or both, in the State of Florida agent, or b	Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
SITURE Address (P.O. Box Number is Not Acceptable) Site Address (P.O. Box Number is Not Acceptable) Site Address (P.O. Box Number is Not Acceptable) INT 101 NAPLES FL 34104 S. The above nemery ferrity year in state and present of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept me chilgstons or register of register of register of register of registered agent, or both, in the State of Florida. I am familiar with, and accept me chilgstons or registered agent, or both, in the State of Florida. I am familiar with, and accept me childston or registered agent, or both, in the State of Florida. I am familiar with, and accept me childston or registered agent, or both, in the State of Florida. I am familiar with, and accept me childston or registered agent, or both, in the State of Florida. I am familiar with, and accept me childston or registered agent, or both, in the State of Florida. I am familiar with, and accept me childston or registered agent, or both, in the State of Florida. I am familiar with, and accept me childston or registered agent, or both, in the State of Florida. I am familiar with, and accept me childston or registered agent, or both, in the State of Florida. I am familiar with, and accept me childston or registered agent, or both, in the State of Florida. I am familiar with, and accept me childston or registered agent, or both, in the State of Florida. I am familiar with, and accept me childston or registered agent, or both, in the State of Florida. I am familiar with, and accept me childston or registered agent, or both, in the State of Florida Campa in familiar with an familiar with an accept me child and accept me child accept		6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent
Singer Address City FL Zp Code 8. The above hemodynish biblysis this salament of the purpose of changing its registered office or registered agent, or both, in the State of Florkda. I am familyer with, and accept the obligations of registered agent, or both, in the State of Florkda. I am familyer with, and accept the obligations of registered agent. SIGNATURE Superby hybrid set Florkda spens and step if explosible. FILE NOW!!! FEE IS \$150.00 After May 1, 2003. Fed with be \$550.00 Make Check Psychola to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE MAKE 10. OFFICERS AND DIRECTORS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P MIAMI FL 33145 TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P MAKE STREET ADDRESS CITY-ST-2P MAKE STREET ADDRESS CITY-ST-2P TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TI	«COTO «LAI	او د دخت مصنف مدوره آی کو می از این (BDA)	دفلت با ب یا حسان دی	Name	
NAPLES FL 34104 8. The above namery entiry stating in statement (c) the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am tamiljar with, and accept the obligations of registering algent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After Many 1, 2003. Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE MAKE STREET ADDRESS GITY-51-2P MAM FL 33145 THE STREET ADDRESS S	4110 ENTE	•		Street Addre	ess (P.O. Box Number Is Not Acceptable)
8. The above names century of high this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptive collegations of register degrees of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptive collegations of registered agent, or both, in the State of Florida. I am familiar with, and acceptive collegations of registered agent, or both, in the State of Florida. I am familiar with, and acceptive collegations of registered agent, or both, in the State of Florida. I am familiar with, and acceptive collegations of registered agent, or both, in the State of Florida. I am familiar with, and acceptive collegations of registered agent, or both, in the State of Florida. I am familiar with, and acceptive collegations of registered agent, or both, in the State of Florida. I am familiar with, and acceptive collegations of registered agent, or both, in the State of Florida. I am familiar with, and acceptive collegations of registered agent, or both, in the State of Florida. I am familiar with, and acceptive collegations of registered agent, or both, in the State of Florida. I am familiar with, and acceptive collegations of registered agent, or both, in the State of Florida. I am familiar with, and acceptive collegations of Florida. I am familiar with, and acceptive collegations of Florida. I am familiar with, and acceptive collegations of Florida. I am familiar with, and acceptive collegations of Florida. I am familiar with, and acceptive collegations of Florida. I am familiar with, and acceptive collegations of Florida. I am familiar with, and acceptive collegations of Florida. I am familiar with, and acceptive collegations of Florida. I am familiar with, and acceptive collegations of Florida. I am familiar with, and acceptive collegations of Florida. I am familiar with, and acceptive collegations of Florida. I am familiar with a familiar with an acceptive collegation of Florida. I				}	•
THE CODING OF PROJECT AND CONTROL OF THE CONTROL OF	NAPLES F	L 34104		City	Zip Code
FILE NOW!!! FEE IS \$150.00 After May 1, 2003. Feé will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME STRET ADDRESS TOT'-51-2P TITLE MAME STOTO, LAURA STREET ADDRESS TOT'-51-2P MIAMI FL 33145 TOTE JAIRA STREET ADDRESS TOT'-51-2P MIAMI FL 33145 THE MAME STREET ADDRESS TOT'-51-2P MIAMI FL 33145 THE MAME STREET ADDRESS TOT'-51-2P MIAMI FL 33145 THE MAME STREET ADDRESS TOT'-51-2P MIAMI FL 33145 THE MAME STREET ADDRESS TOT'-51-2P THE MAME STREET ADDRESS T	the obligati	ions of registered elgent.	0		4/9/03
TITLE PD	After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00		C. Targette and the control of	9. Election Campaign Financing \$5.00 May Be
TEJEDA, NILO 3146 S.W. 23RD STREET MAMN FL 33145 TITLE STD STO, LAURA STREET ADDRESS STREET ADR			DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
INTLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 TITLE MAME STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 TITLE MAME STREET ADDRESS CITY-ST-ZIP	NAME Street address	TEJEDA, NILO 3146 S.W. 23RD STREET	☐ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE WAME WAME WAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-ZIP Change Addition Addition MAKE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Change Addition Addition MAKE STREET ADDRESS CITY-ST-ZIP TITLE MAKE STREET	TITLE NAME STREET ADDRESS	STD SOTO, LAURA 3146 S.W. 23RD STREET	C) Delete	TITLE NAME STREET ADDRESS	Change Addition
CITY-ST-ZIP CITY-	TITLE	CPI CC JT IMPUM	□ Delete	TITLE	☐ Change ☐ Addition
AME ITREET ADDRESS CITY-ST-ZIP TILE Delete TITLE MAME ITREET ADDRESS CITY-ST-ZIP TILE MAME STREET ADDRESS CITY-ST-ZIP TILE MAME STREET ADDRESS CITY-ST-ZIP TILE MAME TITLE MAM	ITY-ST-ZIP			CITY-ST-ZIP	
TITLE Delete TITLE STREET ADDRESS CITY-ST-ZIP CHANGE Addition TITLE STREET ADDRESS CITY-ST-ZIP CHANGE Addition TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP AME STREET ADDRESS CITY-ST-ZIP 2. 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 of suppliermental address and excurred and that my signature shall have the same legal effect as if made under onth that large and excurred and that my signature shall have the same legal effect as if made under onth that large and excurred and that my signature shall have the same legal effect as if made under onth that large and excurred and that my signature shall have the same legal effect as if made under onth that large and excurred and that my signature shall have the same legal effect as if made under onth that large and director.	IAME STREET ADDRESS		☐ Delete	NAME Street address	Change C Addulon)
Objects Title NAME STREET ADDRESS CITY-ST-ZIP Congress Congres	ITLE VAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition
TREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 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 of suppliemental and statute and excurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director.		· ····································	□ Delete		☐ Change ☐ Addition
2. 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 of supplemental affects and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director.	TREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS	
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 within a society, with all other like empowered.	of the corp changed, o	oration of the receiver of trustee emp or on an attachment withan address.	n this filing does not qualify for true and accurate and that no overed to execute this report with all other like empowered.	r the exemption stated in ny signature shall have the as required by Chapter (Section 119.07(3)(i). Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if