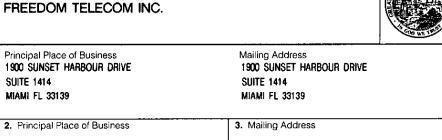
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000034363

1. Entity Name





1900 SUNSET SUITE 1414 MIAMI FL 3313	HARBOUR DR	1900 S Suite	1900 SUNSET HARBOUR DRIVE SUITE 1414 MIAMI FL 33139							
2. Principal Pr	lace of Busine	3. Mail	3. Mailing Address					 1800 	BIACA KAKA INDI	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			15 - 303 2248			pplied For ot Applicable
Zip	Country		Zip	Zip C		ountry 5		Certificate of Status Desired	\$8.75 Ad Fee Require	
	6. Name	and Address of Cur	rent Registere	d Agent				7. Name and Address of New Registered Agent		
40,114,00	0.000		Company of the second s		Name					
ASHWOOL 1900 SUN), Rubin Set Harbo				Street Addr	ress (P.O. E	lox Number is Not Acceptable)			
SUITE 141	4	ā								
MIAMI FL 33939						City			FL Zip Code	
the obligati	ions of registe				_	ed office or req d Agent signature n		ent, or both, in the State of Florida. I	am familiar with,	and accept
	Signature, typeu o	phinted name of registered	agent and tale it appl	icable; (NOTE: I	negisiere		equired when h	T. Constanting,		
After	May 1, 2003	FEE IS \$150.00 Fee will be \$550 Florida Departme						Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.		OFFICERS /	AND DIRECTOR	RS	11.		AC	DDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 11
	D DEL DONTI 1900 SUNS MIAMI FL 3	et harbour dr	, APT 1414	☐ Delete		I			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP				□ Delete		I			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		geographic Artists in Strong	æ	☐ Delete			ي يا مصنحا د		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		den de amont	•	☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the	information supplied	with this filing	Delete	CITY	E ET ADDRESS -ST-ZIP	in Section	119.07(3)(i), Florida Statutes. I further	☐ Change	Addition

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 ON PRINTED