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

FILED Jun 02, 2003 8:00 am Secretary of State 06-02-2003 90188 013 ***150.00

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

90138319

2. Principal Place of Bu		3. Mailing Address 1510 Royal Pa	1 - C	- Rly and	/			
1570 Koyal Palm Square Blot. Suite, Apt. #, etc.		1510 Koyal Palm Squarelle Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
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City & State My	rs Fl	City & State Myer	-s FL	4	1. FEI Number 75 - 30449	175	Applied For Not Applicable	
Zip	Country	Zip	Country		Certificate of Status Desired		3.75 Additional	
<u> </u>	USA	33919	USA			Fe	e Required	
Name					7. Name and Address of Current Registered Agent			
DO NOT WRITE Street Address (F.Q. Box Number in Not Acceptable)								
Principal Section 1997	1510 Royal Palm Square Blod							
	Suite 105							
			City	+ N	1.10-	FL	Zip Code	
8. The above named e	entity submits this statement for	the purpose of changing its re	egistered office or r	egistered a	agent, or both, in the State of			
the obligations of registered agent.								
SIGNATURE OF	ANSh	President	-			4/25/	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	yped or printed name of registered agent ar		Registered Agent signature	e required when	n reinstating)	DATE		
January 1 - After Ma	May 1 Fee is \$150.00				9. Election Campaign F	Financing	\$5.00 May Be	
Ameno	ded UBR is \$61.25 to Florida Department of				Trust Fund Contribut	tion.	Added to Fees	
10. Check rayable	OFFICERS AND	entransamenta				and the same of the same of the	er in action of the second	
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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 on an attachment with an address, with all other like empowered.								