	2003 FOR PROF NIFORM BUSINI UMENT # P0200	IT CORPOI	RATION	R)	FILED Mar 17, 2003 8:00 am Secretary of State	
1. Entity Na					03-17-2003 90081 048 ***158.75	
Principal Place of Business 18455 MIRAMAR PARKWAY SUITE 215 MIRAMAR FL 33029		Mailing Address 18455 MIRAMAR PARKWAY SUITE 215 MIRAMAR FL 33029				
2. Principal Place of Business 3350 Sw. 148 Ave Suite, Apt. #, etc.		3. Mailing Address 3350 S.W. 148 AUG				
SUITE 110		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State MIRAMAR, FL		City & State MIRAMAR, FL			4. FEI Number 90-0023240 Not Applied For Not Applicable	
Zip 330		Zip 33027	Country		5. Certificate of Status Desired X S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New Registered Agent	
1001 BRI	RPORATE SERVICES, INC. ICKELL BAY DRIVE		Street	Street Address (P.O. Box Number is Not Acceptable)		
SUITE 2908 MIAMI FL 33131			City	City		
8. The above the obligation of	e named entity submits this statement for ations of registered agent.	r the purpose of changing its		or registere	EL Zip Code ad agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	-					
Afte	FILE NOW!!! FEE IS \$150.00 er May 1, 2003 Fee will be \$550.00 ck Payable to Florida Department of		E: Registered Agent signa	ature required w	9. Election Campaign Financing \$5.00 May Be	
10.	OFFICERS AND I		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FELSEN, TODD M 18455 MIRAMAR PARKWAY MIRAMAR FL 33029	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3350	GN, TODD M S.W. 148 Ave, Suite 110	
TITLE · NAME STREET ADDRESS CITY - ST - ZIP	D SOLIMAN, MAHMOUD 18455 MIRAMAR PARKWAY MIRAMAR FL 33029	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 50L1 3350	AMAR, FL 33027 MAN, MAHMOUD Addition O S.W. 148 Ave. Soite 110 AMAR, FL 33027	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
NTLE VAME STREET ADDRESS SITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		Change Addition	
itle IAME TREET ADDRESS ITY - ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
itle Ame Treet address Ity-st-zip		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Change 🗌 Addition	
or the cord	ertify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address, with	eled to execute this report as all other like empowered.	s required by Char	pter 607, FI	on 119.07(3)(i), Florida Statutes. I further certify that the information ne legal effect as if made under oath; that I am an officer or director lorida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNAT		ED NAME OF SIGNING OFFICER OF		<u> 7 20</u>	Date Date Date Date Date Date Date Date	