


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

APPROVED
AND
FILED

1052

DOCUMENT # P02000043603

1. Entity Name
SECOND CHANCE VENTURES, INC.



03 OCT 17 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

400023911224
10/17/03--01075--017 **158.75

2. Principal Place of Business
11452 OKEECHOBEE BLVD.

3. Mailing Address
11452 OKEECHOBEE BLVD.

City & State
ROYAL PALM BEACH, FL

City & State
ROYAL PALM BEACH, FL

Zip
33411

Country
WEST PALM

Zip
33411

Country
WEST PALM

REINSTATEMENT 2003 WOP

4. FEI Number
010660876

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

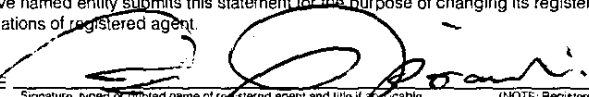
Name **SALVATORE RAPISARDI**

Street Address (P.O. Box Number is Not Acceptable)
11452 OKEECHOBEE BLVD

City **ROYAL PALM BEACH** FL Zip Code **33411**

**DO NOT WRITE
IN THIS SPACE**

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  DATE **10/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

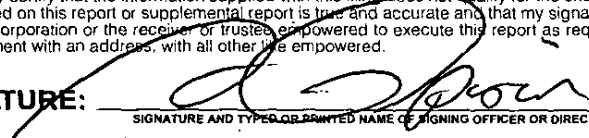
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT T.F.S.D. SALVATORE RAPISARDI 11456 OKEECHOBEE BLVD Royal Palm Beach FL 33411	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 life empowered.

SIGNATURE:  DATE **10/14/03** 561-751-2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2082

DIVISIONS OF CORPORATIONS

October 14, 2003

TALLAHASSEE, FL. 32399

To Whom It May Concern:

I am sending my renewal for my corporations and would like to ask if possible to Waive the late fee. I move and the form was not forwarded.

Thank You



SAL RAPISARDI
PRESIDENT SECOND CHANCE VENTURES INC.

STATE OF FLORIDA
DIVISION OF CORPORATIONS