## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 21, 2003 8:00 am Secretary of State

1720 NM SSRD COURT MAMI FL 3055  1.2 Principal Place of Business 1.3 I A Mu  Sulfe, Apt. F. etc.  Sulfe, Apt. F. etc.  Sulfe, Apt. F. etc.  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Cerifficate of Status Desired  S. Name and Address of Current Registered Agent  T. Name and Address of Results Status Desired  S. Name and Address of Current Registered Agent  HARRIA, PAMELA  17200 NM SSRD COURT  MAMI FL 30055  City  FL  Zip Code  8. The above named entity sucmiss this statement for the purpose of changing its registered dispent, or both, in the State of Porice. I an familier with, and accombine to the obligations of registered agent.  Signature  After May 1, 2003 Fee will be \$500.00  After May 2, 2003 Fee will be \$500.00  After	1. Entity Nan	MENT # P0200 L CONCEPTS, INC.	00045145				04-30-2003 901	26 019 **	*150.00	
Skiller, Appl. et al. of the control	17200 NW 53RD COURT 17200 NW 53RD COURT						55042590 			
City & State  S. Certificate of Status Desired  S. Certificate of Status Desired  S. S. Certificate of Status Desired  S. Certificate of Status Desired  S. Certificate of Status Desired  S. S. Additional Fee Required  To Namp and Address of New Registered Agent  Namp and Address of New Registere			3. Mailing Address	3. Mailing Address			T THE THE OTHER STATE ST			
Second content   Seco	Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
S. Cartilicate of Status Desired   Fee Required   F	City & State		City & State		4.6	ELNumber 13-0433348	<del></del>	oplied For ot Applicable	-	
HARRIA, PAMELA 17200 NW S3RD COURT MAMI FL 330S5  City  FL Zip Code  6. 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 acceptable of the obligations of registery agent.  SIGNATURE  FILE NOW!!! -FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO CFFICERS AND DIRECTORS in 11  III.E  NAME  SIRET ADDRESS  CITY-S1-2P  FILE NOWES FL 33028  OTH-S1-2P  FILE NOW SARD COURT  OTHER STATE ADDRESS  CITY-S1-2P  ITTLE  NAME  SIRET ADDRESS  CITY-S1-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  SIRET ADDRESS  CITY-S1-2P  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  TITLE  Delete  Delete  TITLE  Delete  Delete  TITLE  Delete  Del	Zip	Country Zip		Country		5. 0	Certificate of Status Desired			]
HARRIA, PAMELA 17200 MW 53RD COURT  MIAMI FL 33055  City  FL Zip Code  8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable)  Signature  Sig		6. Name and Address of Current	Registered Agent	1,						
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 accelerate of the obligations of registered agent.  SIGNATURE  SOURMAN, hybrid or private or registered spent and text is applicable.  FILE NOW!!! - FEE IS \$150.00  After May 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 III.  ITILE  PD  TOMILINSON, RUSSELL  STREET ADDRESS  CITY-ST-2P  TITLE  VPD  THE WARE  STREET ADDRESS  CITY-ST-2P  MIAMI FL 33055  THE INTE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  Change Addit  Addit  Addit  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  Delete  Change Addit  Change Addit  Addit  Addit  Addit  Change Addit  Addit  Addit  Addit  Change Addit  Addit  Addit  Change Addit  Addit  Addit  Change Addit  Addit  Addit  Change Addit  Addit  Addit  Addit  Addit  Change Addit  Addit  Addit  Change Addit  Addit  Addit  Change Addit  Addit  Addit  Change Addit  Addit  Change Addit  Ad	17200 NW 53RD COURT				Pame	Pamela Harris				
SIGNATURE  Signature, speed or prired many or required speed and less if application.  FILE NOW!!! FEE IS \$150.00  After May 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  ITILE  PD  TOMLINSON, RUSSELL  STREET ADDRESS  CITY-S1-2P  TOMLINSON, RUSSELL  STREET ADDRESS  CITY-S1-2P  TOMLINSON W 53RD COURT  MAME  STREET ADDRESS  CITY-S1-2P  TOMLINSON W 53RD COURT  MIAMI FL 33055  TITLE  MAME  STREET ADDRESS  CITY-S1-2P  TITLE  MAME  MAME  Change  Addit  Addit  Addit  ADDITIONS/CHANGES TO CEFFICERS AND DIRECTORS IN 11  Change  Addit  Addit  ADDITIONS/CHANGES TO CEFFICERS AND DIRECTORS IN 11  Change  Addit  ADDITIONS/CHANGES TO CEFFICERS AND DIRECTORS IN 11  Change  Addit  ADDITIONS/CHANGES TO CEFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO CEFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO CEFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO CEFFICERS AND					City		<u>.</u> ; <b>F</b>	L Zip Cod	le	-
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  TOMLINSON, RUSSELL  STREET ADDRESS  CITY-ST-ZIP  TITLE  VPD  HARRIS, PAMELA  17200 NW 53RD COURT  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  MAME  TITLE  MAME  MAME  MAME  Change  Addit  Addit  MAME	the obligate SIGNATURE . F	Signature, typed or printed name of registered agent  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00	and see if applicable. (N				naming) #/20 OATE  9. Election Campaign Financing	<i>5/03</i> \$5.0	O May Be	
TITLE NAME TOMLINSON, RUSSELL STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026  CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  Change Addit Addit NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Make Check	k Payable to Florida Department o	of State				*			
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Interest certary tight 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 or supplemental report is true and eccurate 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.

GNATURE:

| COURT | C

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR