


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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90259 043 \*\*\*150.00

DOCUMENT # PO2000047662  
1. Entity Name  
BONNIE M. ANGEVEIRA, CPA, P.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
639 SW 167 WAY  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 821896  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SENBROKE PINES, FL

City & State  
SENBROKE PINES, FL

4. FEI Number  
04-3665671

Applied For  
 Not Applicable

Zip  
33027

Country  
USA

Zip  
33082

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
BONNIE M. ANGEVEIRA

Street Address (P.O. Box Number is Not Acceptable) \_ \_  
639 SW 167 WAY

SENBROKE PINES FL Zip Code  
33027

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 [Signature] (NOTE: Registered Agent signature required when reinstating)

DATE 4/30/03

January 1 - May 1 Fee is **\$150.00**  
After May 1, Fee is **\$550.00**  
Amended UBR is **\$61.25**  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BONNIE M. ANGEVEIRA</u> <u>TRUSTEE - SECY</u> <u>639 SW 167 WAY</u> <u>SENBROKE PINES FL</u> <u>33027</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.

SIGNATURE: [Signature] DATE 4/30/03 DAYTIME PHONE # 954-432-7894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)