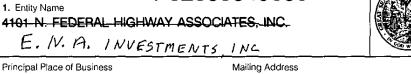
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

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SECRETARY OF STATE



LIGHTHOUSE POINT FL 33064				LIGHTHOUSE POINT FL 33064					•				
2. Principal P	lace of Busin			3. Mailing Address									
21 / 1110/24 / 1455 51 545/1655								1					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State				City & State					4. F	El Number 365623	15		plied For t Applicable
Zíp	Country Zip					Country			5. C	ertificate of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent									7. N	ame and Address of New Re	gistered	Agent	
•							Name						
ANDREWS, EMANUEL N 4030 NE 31ST AVENUE					Street Address			dress (P.	(P.O. Box Number is Not Acceptable)				
LIGHTHOUSE POINT FL 33064										<u></u>			
							City				FL	Zip Code)
			statement for	the purpo	ose of changing its	register	ed office or r	registere	d age	nt, or both, in the State of Flori	da. I am	familiar with,	and accept
the obligat	ions of regist	ered agent.											j
SIGNATURE .													
		or printed name of	_ 	d title if appl	licable. (NOTE	: Registere	d Agent signaturi	e required w	vhen rein	nstating)	DATE		
FILE NOW!!! FEE IS \$150.00									l	9. Election Campaign Fina	ncina	\$5.0	0 Мау Ве
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State										Trust Fund Contribution.			to Fees
10.	OFFICERS AND DIRECTORS						11.			DITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PRESIDENT Delete						[☐ Change	☐ Addition
NAME STREET ADDRESS							E EET ADDRESS						
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I hereby certify that 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 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 every this region 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 provides empoyered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR