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

DOCUMENT#

May 05, 2003 8:00 am Secretary of State 05-05-2003 92130 001 ***600.00

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2. Principal P	Place of Business SWYUAVR	3. Mailing Address	mis						
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	fation, FC	City & State		4. FEI Number Applied For Not Applied For Not Applied For					
Zip 333	317 Country	Zip	Coun	try		cate of Status Desired		8.75 Additional _ ee Required	
	The second se		WELL CL. CL. (CL. (CL.)	-	7. Name a	nd Address of Current R			
	e en en de Bresse de en en en en bekenn gelike en dit blijde gebreikte ditte. De en			Name					
	DO NOT W			Street Address	(P.O. Box N	ımber is Not Acceptable)			
	IN THIS SI	PACE							
				City			FL	Zip Code	
	named entity submits this statement f	or the purpose of changing	its registere	ed office or registe	ered agent, c	r both, in the State of Flori	da. I am fan	niliar with, and accept	
the obligat	tions of registered agent.	≥ ⁵⁰ 1				: - 70 % -	ب المارية المستحدد (١٠١٧) المارية	grani	
SIGNÁTURE .	Signature, typed or printed name of registered agen	t and title if applicable. (8	NOTE: Registered	d Agent signature require	ed when reinstatin	9)	Ž. UAIE	<u> </u>	
	nuary 1 - May 1 Fee Is \$150.00 After May 1, Fee Is \$550.00 Amended UBR Is \$61.25 Payable to Florida Department o	f State			9	Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	影情所				电弧性 医电流	areng Spanish 1967 (1967)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jermaine Dear 13ay 81344Aul Plantation, FC	333())	CITY	ET ADDRESS ST- ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hesident Sunday Phill 1324 SWYLAME Plantation, Fr	33317'	The street of the						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				PROPERTY OF THE CONTRACTOR		DO NOT I	NRI T	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THE CONTRACT OF SAME		IN THIS S	PAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP			St. Melec Piller	ere de la company					

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 pithe) like empowered.

SIGNATURE:

ermanue Dean

CR2E034B (12/02)