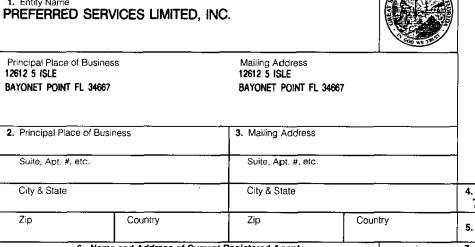
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P02000055707 **DOCUMENT #**



FILED Jan 27, 2003 8:00 am Secretary of State

01-27-2003 90361 013 ***150.00

Principal Place of Business 12612 5 ISLE BAYONET POINT FL 34667				Mailing Address 12612 5 ISLE BAYONET POINT FL 34667							
2. Principal Place of Business				3. Mailing Address					# 1001/100F 111 00/10 11011 00/11 00/11 00/11 00/11 00/11 01/10 01/14 10/14 10/14 10/14 10/14 10/14		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES		
City & State			City	City & State				4. FEI Number Applied For Not Applicable			
Zip Country			Zip	Zip Count			5. Certificate of Status Desired S8.75 Addition Fee Required				
	6. Name	and Address of Current	Register	egistered Agenta- a o			7Name and Address of New,Registered Agent				
DESIDERIO, ANNA							Name Street Address (P.O. Box Number is Not Acceptable)				
12612 5 ISLE BAYONET POINT FL 34667							- The section of the				
-							y FL Zip Code				
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.		OFFICERS AND	DIRECTORS 11.					AD	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
NAME STREET ADDRESS	PSD Desiderio 12612 5 IS Bayonet			☐ Delete	TITLE NAME STREET A				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET A				☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		*		Delete	TITLE NAME STREET AI CITY-ST-				☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET AL CITY-ST-				☐ Change ☐ Addition		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

<u>SIGNATURE REQUIREANNA DESIDERNA</u>