07/31/03 THU 14:18 FAX 9544912051

MOSKOWITZ, MANDELL,

## FILED Aug 25, 2003 8:00 am Secretary of State

| 2003 FOR | PROFF CORPO  | RATION |
|----------|--------------|--------|
|          | USINE S REPO |        |

|  |  |   |  | T   | ~                                |
|--|--|---|--|---|----------------------------------|
| 1. Entity Na   |  | 202000056393                                    |  | 06-02-2003 90   |                                  |
| Principal Pla  | ace of Business.   | Mailing Address                                 |  | 1 ·   | I                                |
| 6927 NW 110  |  | 5927 NW 110 WAY                                 | •  | EEÑ   | 54843                            |
| PARKLAND F   |  | PARKLAND FL 33076                               | т.   | วอง   | ว่สถสถ                           |
|  |  |   |  |   | T.                               |
| 2. Principal   | Place of Business  | 3. Mailing Address                              | _  |   |                                  |
| Suite, Apt   | t, #, etc.   | Suite, Apt. #, etc.                             |  | CHECK HERE IF   | AKING CHANGES                    |
| City & Sta   |  | City & State                                    |  | 4 FEI MOMBER  | Applied For                      |
| Ζp   | Country  | Zip   | Country  | 5 Certificate of Status Desired                       | \$8.75 Additional Fee Required   |
|  | 6. Name and Address  | s of Current Registered Agent                   | <u> </u>   | 7. Name and Address of New Regi                       |                                  |
| Trying of the  |  |   | Name   | 1   | [                                |
| MUSKUM   | ITT MICHAEL W ESOLI  | RE  | Highers Wederness Silve  | <u>errandikan in meradikkan bahara</u>                |                                  |
|  | •  | d 1 <u>c.</u>                                   |  | P.O. Box Number is Not Acceptable)                    | 1                                |
|  | PORATE DR, STE 510<br>ERDALE FL 33334  |   |  |   | 1 .                              |
| , 5, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6, 6,                                      | MIDNELL I E COCCT  |   | City   |   | . max                            |
| in and an  |  |   | City   | į .   | FL Zip Code                      |
| 8. The above   | e named entity submits this<br>utions of registered agent.                   | statement for the purpose of changing its       | registered office or register  | ed agent, or both, in the State of Florida            | . I am familiar with, and accept |
|  |  | ,   |  | ·   |                                  |
| SIGNATURE  | Signature, typed or printed name of  | registered agent and title if applicable. (NOTE | : Registered Agant signature required  | when reinstalling)                                    | JATE                             |
| Afte   | FILE NOW!!! FEE IS \$<br>or May 1, 2003 Fee will<br>of Psyable to Florida De | se \$550/00                                     |  | Election Campaign Financi<br>Trust Fund Contribution. | irig \$5.00 May Be               |
| 10.  |  | ICERS AND DIRECTORS                             | 11.  | ACOUTIONS (CHANGES TO OFFICE)                         | E AND DIDECTORS IN 11            |
| TITLE  | D OFF  | ······································          |  | ADDITIONS/CHANGES TO OFFICE                           | <del> </del>                     |
| NAME   | MYMAN, ERIC  | Oelete  | NAME P   | S, T, VP<br>IAN, KIMBERLY                             | . Change 4 Addition              |
| STREET ADDRESS   | f  | [   |  |   |                                  |
| CITY-ST-ZIP  | PARKLAND FL 33076  | ,   | 3,2  | 7 N.W. 11() Way                                       | ì                                |
| TITLE  | n  | Delete  | me rath  | cland, FL 33076                                       | C Change C Addition              |
| NAME   | MYMAN, KIMBERLY  | i Delete  | NAME   |   | Change Addition                  |
|  | 6927 NW 110 WAY  |   | STREET ADDRESS   |   | 1                                |
| CITY-ST-ZIP  | PARKLAND FL 33076  |   | CITY-ST-ZIP  |   | •                                |
| TITLE  |  | Oelete  | <b>≈πιε</b> ∴ - ~  |   | Change Addition                  |
| NAME   |  |   | NAME   |   | !                                |
| STREET ADDRESS   | ٠.   | :<br>   | STREET ADDRESS   | 17798 1789 0008                                       | Garage Control                   |
| CITY-ST-ZIP  | 1  |   | CITY-ST-ZIP  | P. Sapar  |                                  |
|  | <del> </del>   |   | T was a  |   |                                  |
| TITLE  |  | Delate  | πιε  | •   | Change                           |
| NAME   |  | ☐ Delete  | NAME   | •   | Change Addition                  |
| NAME<br>STREET ADDRESS   | ,  | ☐ Delate  | NAME<br>STREET ADDRESS   |   | Change LI Addition               |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ,  |   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                                  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE                                   | ,  | ☐ Delate  | NAME STREET ADDRESS CITY-ST-ZIP TITLE  |   | Change Addition                  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   |   |                                  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME                           |  |   | NAME STREET ADDRESS CITY-ST-ZIP TITLE  |   |                                  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS         |  |   | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS                          |   |                                  |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP            |  | ☐ Delete  | NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP             |   | ☐ Change ☐ Addition              |
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12. I neredy certry that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Hurthur 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 action cache 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 it, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/317/03 (954) 629-84/12 Date Phone #