2003 FOR PROFIT CORPORATION JNIFORM BUSINESS REPORT: (UBR)

SIGNATURE:

FILED Apr 11, 2003 8:00 am Secretary of State

Daytime Phone #

State Stat	DOCU 1. Entity Nan KAM CO	ne	00069018			03-17-2003	90665 006 ***	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & St	1259 NW 170	OTH AVE.	1259 NW 170TH AVE.	028		 		
City & State State Country S. Contribution of Status Desired State State City Additional of State City	2. Principal Place of Business 3. Mailing Address					- I HERLINDA (EK BANKO KATAN DAKAN BUKA) (1111	(1
Summer Applies Summ	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
2p Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required	City & State		City & State				opplied For	
### Street Address of New Registered Agent Name and Address of New Registered Agent	Zip	Country	Zip	Countr	у		\$8.75 A	ditional
MARRIOT, TERRANCE 1259 NW 170TH AVE. PEMBROKE PINE FL 33028 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Signarure time to registered agent. FILLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE TIT		6. Name and Address of Current	Registered Agent	<u>-l-</u>	<u> </u>	7. Name and Address of New Reg		red
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	المنتحب ا				-Name			
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. SIGNATURE Southers, bysed or private name of registered registered registered agent, or both, in the State of Florida. I am familiar with, and acc the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME STREET ADDRESS CITY-S1-2P TITLE MAME STREET AD					Street Address (P.O. Box Number is Not Acceptable)			
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12. 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	12. Thereby c	ertify that the information supplied with	this filling does not qualify to	r the evemn	ntion stated in Sec	tion 119 07(3)(i) Finrida Chatatan 15-4	har nastifi, short the fi	oformatio-