2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCU 1. Entity Nam	MENT # P0200	0070424 (Secretary of State 08-07-2003 90118 036 ***550.00
Principal Plac 12545 W OKE HIALEAH FL 3		Mailing Address 12545 W OKEECHOBEE F HIALEAH FL 33018	RD	I JERNERU SU RRIGE KIRU RRIGE KERU RRIGE RRIGE RRIGE KRAN KERU RRIGE KERU RUKUR KIRU RIGE KRAN
	Place of Business NW 167 Street		154 stree	<u> </u>
Suite, Apt.	C-7 #22	Suite, Apt. #, etc. BOX # 26	28	☐ CHECK HERE IF MAKING CHANGES
City & Stat	ami, Fl.	City & State Minmi Lo	ites, Fl	1. 352172702 Applied For Not Applicable
330/.	5 Country USA	330/Le	Country USA	5. Certificate of Status Desired
+ was	6. Name and Address of Current	Registered Agent	Name	7Name and Address of New Registered Agent
RINCON AZTRY			dress (P.O. Box Number is Not Acceptable)	
HIALEAH				
			City	FL Zip Code
After Se	Signature, typed or printechape of registred agent of the state of the	.00	E: Registered Agent signature	9. Election Campaign Financing Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RINCON, AZTRY 12545 W OKEECHOBEE RD HIALEAH FL 33018	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change of add. (11sted above)
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME Street Address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
12. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the received or trustee empo or on an attachment with an adoress, w	this filing does not qualify for true and accurate and that n wered to execute this report ith all other like empowered.	the exemption stated ny signature shall have as required by Chapte	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information re the same legal effect as if made under oath; that I am an officer or director ter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

Attachment \$6136712 #P0200070424

AFR Services, Inc

Accounts Receivable Management Firm

8004 NW 154 St #228 Miami Lakes, Fl 33016

Tel: (305) 364-0446 Fax: (305) 362-7441

8/5/03.

TO WHOM IT MAY CONCERN:

I never received a renewal form and was not aware that it's deadline was in May. As for this is my first year and first time with a business, I are not aware Of all this. IN Good grace, I am sending \$550.00 although it is harsh since ky corporation is only I year old and shuggling. I proud appreciate it if you can please send me some information as to all deadlines so Hat I may make myself responsible in remembering when to send payments and forms. God bless and Thank you. Astry Rincon