2003 FOR PROFIT CORPORATION

FILED Apr 30, 2003 8:00 am Secretary of State

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1. Entity Nar	MENT # P0200 A ENTERPRISES, INC.	04-16-2003 90171 016 ***150.00							
Principal Place of Business 2016 SACRAMENTO WESTON FL 33326 Mailing Address 2016 SACRAMENTO WESTON FL 33326 Mailing Address 2016 SACRAMENTO WESTON FL 33326									
2. Principal Place of Business 3. Mailing Address 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & Sta		City & State			4. FEI Number Applied For Not Applicable				
Zip Z Z	Country Brand	Zìp	Count	ry	5. Certificate of Status Desired		5 Addi equired		
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New F	legistered Agent].
	the same of the same		a	Name عدد Name	كالسامونية مستعملين والمتعالم الماران		•] :
SPINELLA, CAS 2016 SACRAMENTO				Street Address (P.O. Box Number is Not Acceptable)					
	FL 33328		ĺ		· · ·				1
				City		FL Z	p Code		1
	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistere	d office or register	ed agent, or both, in the State of Fk	orida. I am familia	r with, a	ind accept	1
SIGNATURE	Signature, typed or printed name of registered agent a	nd title it applicable. (NOTE:	Registered	Agent signature required	when reinstating)	DATE			
Afte	FILE NOW!!! FEE IS \$150.00 r. May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of				9. Election Campaign.Fir Trust Fund Contribution) May Be to Fees	
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DIREC	TORS	IN 11	_ [
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NAME.	PARIDAG		NAME						9
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NAME STREET ADDRESS			NAME	ADDDEED				}	į
STREET ADDRESS CITY-ST-ZIP	·		STREET CITY-5	ADDRESS IT-7IP					
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TE. I HEREDY C	ertify that the information supplied with t	ue unuñ aces not dasilià tot di	in axeiu	hunii žiried ili sed	alori i ralorijajiri, monda Statutes. I	runcia certity that	មាន ប្រ	a illiguon	

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.

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