
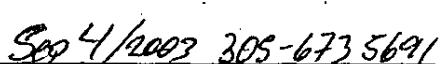


FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90322 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000074727			
1. Entity Name 3 4.5 TWELVE, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2829 INDIAN CREEK DRIVE Suite, Apt. #, etc. SUITE 902 City & State MIAMI BEACH, FL Zip 33140		3. Mailing Address 2829 INDIAN CREEK DRIVE Suite, Apt. #, etc. SUITE 608 City & State MIAMI BEACH, FL Zip 33140	
		DO NOT WRITE IN THIS SPACE	
		4. FEI Number 76-0704728	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name MARTIN FALK	
		Street Address (P.O. Box Number is Not Acceptable) 2829 INDIAN CREEK DRIVE	
		SUITE 608	
		City MIAMI BEACH	Zip Code FL 33140
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			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT MARTIN FALK 2829 INDIAN CREEK DRIVE, SUITE 608 MIAMI BEACH, FL 33140	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE 		PRESIDENT 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034B (1202)

Attachment#

80145581

PO2000074727

345 Twelve, Inc.
2829 Indian Creek Drive
Suite 608
Miami, FL 33140

September 4, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Through this letter please be advised that we changed our mailing address to 2829 Indian Creek Drive, **Suite 608** Miami Beach, FL 33140. Accordingly we did not receive the Uniform Business Report on a timely basis for the year 2003. Attached please find a check for \$150.00 for the filing fees. We respectfully request that you abate the penalties for filing late.

Sincerely,



Martin Falk
President