

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91835 042 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000076895		
1. Entity Name SANIRAH, INC.		
Principal Place of Business 11351 ULMERTON RD LARGO, FL 33778		Mailing Address 11351 ULMERTON RD LARGO, FL 33778
2. Principal Place of Business 1313 Tampa St Suite 217 City & State Tampa, FL Zip 33602 Country US		3. Mailing Address 13333 ridge rd Suite, Apt. #, etc. Apt 1901 City & State Largo, FL Zip 33778 Country US
		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES
4. FEI Number 75-3074120		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROWE, ROBERT E 11351 ULMERTON RD LARGO, FL 33778		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 <u><i>Robert E Rowe</i></u> DATE <u>4-30-03</u> <small>Signature valid for period same as registered agent and if so applicable. (NOTE: Registered Agent's amount required when applicable.)</small>		
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, ROBERT E 11351 ULMERTON RD LARGO, FL 33778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWE, CONNIE J 11351 ULMERTON RD LARGO, FL 33778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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 trustee entrusted 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.		
SIGNATURE: <u><i>Robert E Rowe</i></u>		DATE: <u>4-30-03</u> (613)226-8481

ORF003CA (10/02)