


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

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90029 031 \*\*\*158.75

DOCUMENT # P02000078989

1. Entity Name



**DO NOT WRITE IN THIS SPACE**

24024270

2. Principal Place of Business 24101 S. Dixie Hwy  
Suite, Apt. #, etc.

3. Mailing Address 9879 SW 221 Ter  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI FL 33032

City & State MIAMI FL

Zip 33032 Country MIAMI-PAPE Zip 33190 Country MIAMI PAPE

4. FEI Number 22-3861072 Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JERRY S. SHARE

Street Address (P.O. Box Number is Not Acceptable) 9879 SW 221 Ter

City MIAMI FL Zip Code 33190

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 JERRY S. SHARE Jerry S. Share DATE 3-15-04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE	<u>P</u>	TITLE	
NAME	<u>Jerry S. Share</u>	NAME	
STREET ADDRESS	<u>9879 SW 221 Ter</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI FL-33190</u>	CITY-ST-ZIP	
TITLE	<u>V</u>	TITLE	
NAME	<u>Robert S. Piper</u>	NAME	
STREET ADDRESS	<u>24101 S. Dixie Hwy</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI FL-33032</u>	CITY-ST-ZIP	
TITLE	<u>Sec</u>	TITLE	
NAME	<u>KAREN L. SHARE</u>	NAME	
STREET ADDRESS	<u>9879 SW 221 Ter</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>MIAMI FL-33190</u>	CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

**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: Jerry S. Share JERRY S. Share DATE 3-15-04 DAYTIME PHONE # 305-232-9733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)