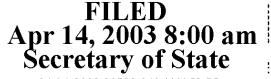
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000084021 **DOCUMENT #** 1. Entity Name DAYLIGHT CONSULTING, INC.



04-14-2003 90789 040 ***158.75

					135				
Principal Place of Business 17 NW 168TH ST. N. MIAMI FL 33169		17 NV	Mailing Address 17 NW 168TH ST. N. MIAMI FL 33169			† 1884 BROWN 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 1884 18			
2. Principal Place of Business		3. Mai	3. Mailing Address						
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City	City & State			4. FEI Number 33 - 1025278		oplied For ot Applicable	
Zip	Country	Zip		Country			8.75 Add ee Require		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
SCHMACHTENBERG, LEE C					Name of the first section of the sec				
1533 SUNSET DR., SUITE 201			Street Addres			(P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33143									
				City		FL	Zip Code	е	
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 age	ent and title if app	olicable. (NOTE: Re	egistered Agent signatu	re required wh	then reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 Áfter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution.		0 May Be d to Fees	
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARTOS, JANOS 17 NW 168TH ST. N. MIAMI FL 33169		☐ 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	S RICHA 17 N MIA	IND M BRADBURY IN 165 FT 1MT, FL 33/69	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A Service of Service Service		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- ,		☐ Change	Addition	
THTLE 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		100	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		. • •	Change	☐ Addition	

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 his 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 tree empowered.

- L'UL-> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR