## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** P 1 2 10000 90 1117 / 000

## Apr 09, 2003 8:00 am Secretary of State

1. Entity Name  Lorp.			04-09-2003 90199 018 ***150.00	
DO NOT WRIT		ACE	<b>-</b> -	
2 Principal Place of Business 4072 N.W 62nd Court 4072 V.W 62nd Court Suite, Apt. #, etc. Suite. Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
Cocon it Creck FL	Elevent Cree		4. FEI Number 56-2288033	Applied For Not Applicable
Zin 33073 Country 3 Royald	33073	Brownel	5. Certificate of Status Desired	\$8.75 Additional Fee Required
7			7. Name and Address of Current Registered Agent	
Name Rose Oyelle He				
DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable)				
IN THIS SPACE				
4011 N.W. Gana Cuw				
		City Coco	nut Creek FL	Zip Code 33073
8. The above named entity submits this statement	or the purpose of changing its r	egistered office or register	ed agent, or both, in the State of Florida. I em te	
the obligations of registered agent.				
SIGNATURE Ruy Cullette 4-7-03				
Signature, typed or printed name of registered age	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 \$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 AN	DIRECTORS	the property of the party of th	SERVICE SERVICES SERVICES	1/22
TITLE President	£e.	TITLE OF THE STATE		
Will Keep Director	/	STREET ADDRESS		
GITY-ST-ZP COCOUNT CRICK	nd Court.	CITY ST ZIP		6
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NAME		HAME		(
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY ST 2P		
TITLE		TITLE SECTION AND ADDRESS.		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS	DO NOT WRI	TE
CITY-ST-ZIP		CITY:ST-ZP	and the contract of the contra	THE PARTY OF THE P
TITLE		TITLE	IN THIS SPAC	E

NAME NAME ... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST. ZP 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.

NAME .

TILE

NAME

STREET ADDRESS CITY-ST-ZAP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

NAME

CITY-ST-ZIP BILE

STREET ADDRESS

CITY-ST-ZIP