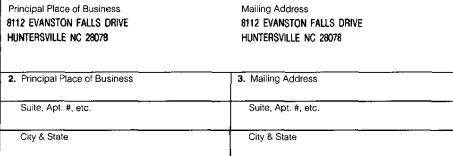
04-04-2003 90086 014 ***150.00

FILED Apr 04, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #





|--|

| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | CHECK HERE IF MAKING CHANGES | | |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------|----------------------------------------------------------------------------------------|--|--|
| City & State | | City & State | | 4. FEI Number 70834 Applied For Not Applicate | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | | |
| 6. N | lame and Address of Current I | Registered Agent | | 7. Name and Address of New Registered Agent | | |
| | 34 U 35 . | e nga gran new e | Name | المرابع المرابع المعاولة والمعاولة المعاولة المرابع والمعاولة المعاولة المرابع الماسية | | |
| SHOR, JOEL 16130 RIO DEL PAZ DELRAY BEACH FL 33446 | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | FL Zip Code | | |
| FILE NO After May 1 | typed or printed name of registered agent a DW!!! FEE IS \$150.00 , 2003 Fee will be \$550.00 ble to Florida Department of | | TE: Registered Agent signature rec | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. | | |
| 10. | OFFICERS AND I | | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| ITLE D PHELP TREET ADDRESS 8112 E | PS, JAMES EVANSTON FALLS DRIVE ERSVILLE NC 28078 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | | |
| ITLE IAME ITREET ADDRESS ITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Additi | | |
| ITLE IAME TREET ADDRESS | ਸਾ ਫ਼ ਼ ਵ | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addiţi | | |
| ITLE IAME TREET ADDRESS , ITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition | | |
| ITLE AME TREET ADDRESS ITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | | |
| ITLE AMF | | ☐ Delete | TITLE | . Change Addition | | |

12. Thereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

IGNATURE:

STREET ADDRESS

CITY-ST-ZIP

