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

FILED Apr 09, 2007 8:00 am Secretary of State

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DOCUN 1. Enlity Name	MENT # PO200(s concret	093364 e, Inc		04-09-2007 90093 029 ***150.00	
C	OO NOT WRITE	IN THIS SP	ACE		
Suite, Apr. 1900 3 314 146 AVE, Suite, Apr. 4619		3. Mailing Address RLS CONCI Suite, Apt4839 SW	148 AVE.	40055022 DO NOT WRITE IN THIS SPACE	
City & SW e	RANCHES, FL 33330	City SW RANCHES	S, FL 3333 Country	A	
	Country	6.1D	Name	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of Current Registered Agent Spingel & Utrora, P.A. Robert L. Sabourn	
DO NOT WRITE IN THIS SPACE			Address (P.O. Box Number is Not Acceptable)		
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: Spend or printed named registered applicable. (In CFE. Registered Agent signature required when remislating) DATE January 1 - May 1 Fee is \$150.00					
	After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of SOFFICERS AND CONTROL OF STREET	<u> </u>	I	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Robert L. S 4839 SW 14 SUITE 50		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CR2E034B (12/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S.W. RANCHE	33330	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 it 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

NATURE AND THE OF SIGNING OFFICER OR DIRECTOR