FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

FILED Feb 03, 2003 8:00 am Secretary of State

DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 38. S. Federal Hwy Sulfe, Apr. 8, etc. Sulfe, Apr. 8,	A A A A A A A A A A A A A A A A A A A		Secretary of State		
2. Principal Place of Business 38. Federal Hwy 38. Federal Hwy Suite. Apt. #, etc. Suite. Apt. #, etc. Suite. Apt. #, etc. City & State Country 33. Mailing Address 38. Federal Hwy Suite. Apt. #, etc. Suite. Apt. #, etc. City & State Country 33. Mailing Address 38. Federal Hwy Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Country 33. Mailing Address State City & State City & State DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Street Agtress (P. Box Number is Not Acceptable) City FL Street Agtress (P. Box Number is Not Acceptable) Not Englished Agert signature required when refraitately DATE Street Agtress (P. Box Number is Not Acceptable) Agert Agert Street Agert is Not Acceptable Not Englished Agert signature required when refraitately Agert Agert Street Agert is Number agert and the in applicable Not Englished Agert signature req	DOCUMENT # PO2 000093800 1. Entity Name COREANGELS, Inc			•	
Suite, Apt. #, etc. Applied For Not Applied For Not Applied For Not Applied For Not Acceptable Suite, Apt. #, etc. Suite, Apt. #, et	DO NOT WRITE IN THIS SPACE				
Not Applicable Not Applicable Not Applicable Not Applicable Status Desired Stat	38 S. FEDERAL HWY 385. FEDERAL HWY		DO NOT WRITE IN THIS SPACE		
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Name Name	33004 Country 33004	USA		Fee Required	
DO NOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) Donia Booch, FL City FL Signature agent. 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 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 entity is possible. (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 10. OFFICERS AND DIRECTORS	لينسي و الزيال المناوية عناز في مستلا و و يريزيانيه يوو الجالم	7. Name and Address of Current Register	red Agent -		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of printed rame of egistered agent and title if applicable. SIGNATURE Sign file, typed or printed rame of egistered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) After 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 10. OFFICERS AND DIRECTORS	DO NOT WRITE IN THIS SPACE Street Address (I				
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME Lindsay Norman NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME		TITLE	· · · · · · · · · · · · · · · · · · ·	−−−−−− ຄ	
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TITLE Kathleen Phillips TITLE	CITY-ST-ZIP CORAL SORINGS, FL 33067	CITY-ST-ZIP	•	8	
	me Kathleen Phillips			RZEO	

STREET ADDRESS 3472 3N 59th Ct CITY-ST-ZP Ft. Lauderdale, FL 333/2 STREET ADDRESS CITY-ST-ZIP Janet Davenport PM 324 SM 2ND AVE (Assignt Dania, FL 33004 Director) пπε NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-03

954)922-8892