FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2003 8:00 am Secretary of State

	<u> </u>	Secretary of Stat	Æ
DOCUMENT # PO 20009800 1. Entity Name		04-30-2003 90147 028 ***158.75	
Cardles n'Such Inco			
Migration (Automotive Control of Manager Control			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 175 Ft Landord Blod (AIA) 175 Ft Landord	lale Bouch Blud.		
Suite, Apt. #, etc. Suite 222 Suite 222	~	DO NOT WRITE IN THIS SPACE	
Ft Landerdule 1 FIA Ft. Landerdul		4. FEI Number Applied For Not Applied For	_
33316 Groward. 33316	Groward.	5. Certificate of Status Desired \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	\exists
	Name Q Cal	berth.Schickel SV2.	
DO NOT WRITE	Street Address (PQ. Box Nurriber is Not Acceptable 1/P	
IN THIS SPACE	170	J. 14.W. 77 11VC	\dashv
	n .		
	City MA	1941e FL 393863	
8. The above named entity submits this statement for the purpose of changing its re	egistered office or register		ot
the obligations of registered agent.	1/1 0.	4 211 67	-
SIGNATURE RESULUTION AND SERVICE	- Kobert	LSchike 1312 4-24-03	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: if January 1 - May 1 Fee is \$150.00	Registere Agent signature required	d when reinstating) DATE	{
After May 1, Fee is \$550.00	V	9. Election Campaign Financing \$5.00 May Be	в
Amended UBR is \$61.25 Make Check Payable to Florida Department of State		Trust Fund Contribution. Added to Fees	
10. OFFICERS AND DIRECTORS			コ、
TIME President	TITLE		(12/02
NAME STREET ADDRESS ROBERT LOS AVE	NAME Street Address	i i o o o o	
STREET ADDRESS 1683 N.W. 55 AVE CITY-ST-ZIP MARQUEE FL 33063	CITY-ST-ZIP		8
TITLE (10 - tracsure	TITLE		CR2E034B
NAME Moniuse B. Schickel	NAME	a contract of the contract of	្រុ
STREET ADDRESS 1983 N. Le. 55 Mare CITY-ST-ZIP MA 9 CA CARD .: EL 33063	STREET ADDRESS CITY-ST-ZIP	e e e e e e e e e e e e e e e e e e e	
	TITLE "	A STATE OF THE STA	\dashv
NAME Bright Broude	NAME		-
STREET ADDRESS 1983 N.W. 55 AV	STREET ADDRESS	DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP M ANGCE : FL 33063-	CITY-ST-ZIP	PANCIE CONTRACTOR	
TITLE NAME	NAME:	IN THIS SPACE	
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP	e de la companya de l	
TITLE	TITLE	-	
NAME STREET ADDRESS	NAME		1
STREET ADDRESS CITY-ST-ZIP	STREET ADORESS City-St-Zip	Sec.	on'
TITLE	TITLE		\dashv
NAME	NAME		
STREET ADDRESS	STREET ADDRESS		
CITY-ST-ZP	CITY-ST-ZIP	antino 140 07/0V/3 Clarido Clabara 14 abordanti abordanti abordanti	\dashv
12. Thereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this promise.	signature shall have the says required by Chapter St	scoon Frau(z)(i), Fronca Statutes. Frumer certify that the information same legal effect as if made under oath; that I am an officer or direction of the true damp appears in Blook 10 cross on the true damp appears in Blook 10 cross on the true damp appears in Blook 10 cross on the true damp appears in Blook 10 cross on the true damp appears in Blook 10 cross on the true damp appears in Blook 10 cross on the true damp appears in Blook 10 cross on the true damp appears in Blook 10 cross on the true damp appears in Blook 10 cross on the true damp appears in Blook 10 cross on the true damp appears in the true damp app	a
attachment with an address with all other like empowered.	as required by chapter of	or, renda statutes, and that my name appears in block to dron an	
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