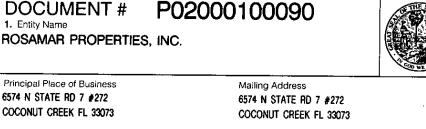
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P02000100090 **DOCUMENT #**





FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90192 030 ***158.75

6574 N STATE RD 7 #272 COCONUT CREEK FL 33073			6574 N STATE RD 7 #272 COCONUT CREEK FL 33073						
2. Principal	Place of Business	3. Ma	3. Mailing Address						
Suite, Apt	. #, etc.	Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ite	City	City & State			FEI Number 90-80544	38	Applied For	
Zip	Country	Zip		Country	5.	Certificate of Status Desired	 _	Additional	
6. Name and Address of Current Registered Agent ROSA, KENNETH					7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)				
	Tate RD 7 #272 ^{3, 55} T Creek FL 33073						<u>,</u>	*	
8. The above named entity submits this statement for the purpose of changing its registered agent. The obligations of registered agent.				City registered office	FE (= " - " - " - " - " - " - " - " - " - "				
Afte	Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	10	licable. (NOTE	: Registered Agent signa	ature required when	reinstating) 9. Election Campaign Final Trust Fund Contribution.		i.00 May Be	
10.	OFFICERS AN	ID DIRECTO	RS	11.	Al		ERS AND DIRECTO	ORS IN 11	
VAME	D ROSA, KENNETH 6213 ISLAND WAY MARGATE FL 33063		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Harta 6213]	_	☐ Chang		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,	<u> </u>	☐ Chang	e	
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TLE AME TREET ADDRESS TY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	Addition	

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 Block 11 if the corporation of the corporation or the receiver or trustee empowered.

SIGNATURE: