FOR PROFIT CORPORATION

FILED Jul 14, 2003 8:00 am

UNIFORM BUS	MESS NEPONI	Moni	Secretary of State	
DOCUMENT # PO20 1. Entity Name	000102078		07-14-2003 90329 019 ***150.00	
ALLWAYS	Succ ESS, INC			
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 221 OUVAL ST. Suite, Apt. #, etc.	3. Mailing Address 020 - 18 H Suite, Apt. #, etc.	5t .	DO NOT WRITE IN THIS SPACE	
City & State Key West A	City & State U() +	FLI	4. FEI Number 56 - 22 95934 Applied Fo Not Applie	
Zip 33040 Country	1 33040	Country USA	5. Certificate of Status Desired S8.75 Additional Fee Required	
			7. Name and Address of Current Registered Agent	
and the second s		Name E	dward W. Hran	
DO_NOT.	WRILE		P.O. Box Number is Not Acceptable)	
IN THIS	SPACE		10 Brite mast.	
	And the second s		West FL Zip Code 33040	
The above named entity submits this statem the obligations of registered agent.	ent for the purpose of changing its r	egistered office or register	ed agent, or both, in the State of Florida. I am familiar with, and acce	ept =
thorough	liben Ker	inon Viles	7/0/03	
SIGNATURE DESTRUCTION OF THE PROPERTY OF THE P		Registered Adent signature required	when reinstating) DATE	
January 1 - May 1 Fee is \$150.0 After May 1/Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department	agent and title if applicable. (NOTE:	Registered Agent's ignature required	9. Election Campaign Financing Trust Fund Contribution. DATE 9. Election Campaign Financing Added to Fees	
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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 Statūtes. 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: Kainen Julium Julium Kainen 7/8/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3052948867

FROM: ALL WAYS SUCCESS, INC 1020 18st Keywest, FC 33deo

AHachment #

10109932

Dear Officer

After phone conversation I received the Corporation Uniform Bussiness Report and Filled out and Moiled.

The peason that I didn't receive before is that the office mailed to wrong adress. Thank you for understanding that

I enclose a check of \$150.

Thank you JULIAN KAINAN Rolling Jule

-- PRESIDENT