FILED May 27, 2003 8:00 am Secretary of State

2003	FOR	PROFIT	CORPORA	MOIT
UNIFO	RME	BUSINESS	REPORT	(UBR

<u>UN</u>	IIFORM BUS	INESS REPOR	1 (6	JBK)		Secretary	UI S	iait	
DOCUMENT # P02000105869 1. Entity Name CANOAS HANDYMAN, INC.					-	. 05-27-2003 9017-	4 021 ***1	50.00	
<u> </u>			<u>/</u>]				
Principal Place of Business 1071 W 51 PL		Mailing Address 1071 W 51 PL							
HIALEAH FL 3		HIALEAH FL 33012							
2. Principal Place of Business 3. Mailing Address 1071 W. S. V. C.						1981 1981 1981 1982 1982 1982 1983 1983 1983 1983 1 	8 3.14. 3 61 <u>4.</u> 1 1614 1 1		
Suite, Apt	. #, etc.	Suite, Apt. #, etc,	•	-		☐ CHECK HERE IF MAKIN	G CHANGES		
City & State Healcah · FC		City & State	City & State		43	4. FEI Number Applied For 33 - 102 399 2 Not Applicable			
330/3	Country	Zip	Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name and Address of C	urrent Registered Agent		فالمستقدية	7.=	Name and Address of New Registered	Agent		7=
				Name		ة بيد موسطان المشاهد المساعدات م			-
GARCIA, (*		Street Address (P.O. Box Number is Not Acceptable)					1
1071 W 5						_ 			┨
- HIALEAN I	rt 33012						·		1
				City		Fl			
8. The above the obligation	named entity submits this state tions of registered agent.	ment for the purpose of changing its	registere	ed office or register	red ag	ent, or both, in the State of Florida. I am	familiar with,	and accept	7
	Conloss Ga	100				2/4	103		1
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable. (NOTi	E: Registered	Agent signature required	when re	sinstating) DATE	/		1
F	TLE NOW!!! FEE IS \$150.	00			`	D. Floating Compaign Singaging		<u> </u>	1
Afte Make Check	r May 1, 2003 Fee.will be \$5 k Payable to Florida Departn	50.00 Sent of State		•		9. Election Campaign Financing Trust Fund Contribution.		O May Be to Fees	
10.		S AND DIRECTORS	51.	_	AC	DITIONS/CHANGES TO OFFICERS AN	DIRECTORS	S IN 11	-
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NAME	GARCIA, CARLOS		NAME				,		5
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	artify that the information supplies	ad with this filips does not available	ـــال		ction *	19.07/3Vi) Florida Statutas I fueba- sa	difu that the i-	formation	ļ
indicated of the cor	on this report or supplemental reportation or the receiver or truster	eport is true and accurate and that made improvement to execute this report and the content of the provement of the content of	une exem Iy signatu as require	ipilion stated in Set are shall have the sed by Chapter 607.	ame k Floric	i 19.07(3)(i), Florida Statutes. I further ce egai effect as if made under oath; that I da Statutes; and that my name appears i	any unat the in am an officer t n Block 10 or	or director Block 11 if	
changed,	, or on an attachment with an add	fress, with all other like empowered.	•	• •				· · · · · · · · · · · · · · · · · · ·	