

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90112 036 ***150.00

DOCUMENT # P02000123273 1. Entity Name PERFORMANCE 45 DEGREES, INC.			
Principal Place of Business 4381 W. MCNAB ROAD, #20 POMPANO BEACH FL 33069		Mailing Address 4381 W. MCNAB ROAD, #20 POMPANO BEACH FL 33069	
2. Principal Place of Business 1922 NW 54th Ave Suite, Apt. #, etc.		3. Mailing Address 1922 NW 54th Ave Suite, Apt. #, etc.	
City & State Margate, Florida Zip 33063		City & State Margate, Florida Zip 33063	
4. FEI Number 01-0755793		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERENGER, GILBERT L 4381 W. MCNAB ROAD, #20 POMPANO BEACH FL 33069		7. Name and Address of New Registered Agent Name Gilberto L Berenguer Street Address (P.O. Box Number is not acceptable) 12149 NW 23rd Manor City Coral Springs FL Zip Code 33065	
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 DATE 4/3/03 <small>Signature, typed or printed name of registered agent is not applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME MORAN, JOHN STREET ADDRESS 6880 MARGATE BLVD. CITY-ST-ZIP MARGATE FL 33063	<input type="checkbox"/> Delete	TITLE PD NAME Karen Moran STREET ADDRESS 6880 Margate Blvd CITY-ST-ZIP Margate, FL 33067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VSD NAME BERENGER, GILBERT L STREET ADDRESS 4381 W. MCNAB ROAD, #20 CITY-ST-ZIP POMPANO BEACH FL 33069	<input type="checkbox"/> Delete	TITLE VTD NAME John Moran STREET ADDRESS 6880 Margate Blvd. CITY-ST-ZIP Margate, FL 33063	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date 4/3/03 Daytime Phone # 954-972-9924	

CR2E034 (10/02)