4/22/03 (321)728-9899

## **2003 FOR PROFIT CORPORATION**

UN	IFORM BUSINES	S REPOR	T (UBR	)	<b>Apr 25, 2</b> 0	103 8:00	y am	3144
DOCUMENT # P02000126379  1. Entity Name CASHFLO INTERNATIONAL, INC.					Secretary of State 04-25-2003 90138 043 ***150.00			
WEST MELBO	GE GATE DRIVE 3652 - HURNE FL 32904 Wed be 3652 no	Mailing Address 3659-CARRIAGE GATE DRI WEST MELBOURNE FL 325 7 3653.7	904					
2. Principal F	Place of Business 3	. Mailing Address	U	ļ	) (85):801 %)( 83)18 %(0) 8\$)() 88)() 80)	OT ITOM HIDIO DITON HITH	18819 1811 1881	
Suite, Apt 3652	*. etc. CARRIAGE GATE DR	Suite, Apt. #, etc.	E) 3652 CA		CHECK HERE IF M	IAKING CHANGES		_
City & Sta	OURNE FL	City & State SAMI	=) MEZBOU	PANE FL	FEI Number 57 - 1/39/59	<b>├</b> — <b>┼</b> ~`	oplied For ot Applicable	-
3290	Country	2ip 32904	Country		. Certificate of Status Desired [	\$8.75 Ad	ditional	1
	6. Name and Address of Current Reg	istered Agent	Name	7.	Name and Address of New Regis	tered Agent		7
VILLANDE	NA ELODA		V/L	LANU	EVA, FLORA			
VILLANUEVA, FLORA 3653 CARRIAGE GATE DRIVE WEST MELBOURNE FL 32904				ddress.	PAX Number is Not Acceptable)  ARRIAGE GATE	DR		<u> </u>
MES! WE	LBOURNE FL 32904		City		<u> </u>	■■ Zip Coo	lo /	-
			74	ELB	OURNE	FL ZingCoo	904	_
	e named entity submits this statement for the tions of registered agent.	purpose of changing its	registered office or	registered a	agent, or both, in the State of Florida	. I am familiar with,	and accept	}
SIGNATURE	Signature, typed or printed name of registered agent and to	le if applicable. (NOTE	: Registered Agent signate	ure required wher	n reinstating}	DATE	. <del></del> _	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Fiorida Department of Sta	ate			Election Campaign Financi     Trust Fund Contribution.	+	0 May Be d to Fees	
10.	OFFICERS AND DIR	CTORS	11.		ADDITIONS/CHANGES TO OFFICER		S IN 11	1_
NAME STREET ADDRESS CITY-ST-ZIP	D VILLANUEVA, FLORA 3653 CARRIAGE GATE DRIVE WEST MELBOURNE FL 32904	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3652	NUEVA FLORA CARRIAGE GATE BOURNE FL 329		☐ Addition	R2E034 (10/02)
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CITY-ST-ZIP TITLE NAME		☐ Delete	CITY-ST-ZIP TITLE NAME			☐ Change	Addition	}
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP	<u> </u>		☐ Change	☐ Addition	1
NAME			NAME			snango		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	 				
indicated	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empower.	and accurate and that m	v signature shall ha	ave the same	e legal effect as if made under oath:	that I am an officer	or director	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR