Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90174 019 ***150.00

CR2E034 (10/02)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT	#
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P02000128273

1. Entity Name CHERIEZSON INC



Principal Place of Business 2440 E COMMERCIAL BLVD STE 5 FT LAUDERDALE FL 33308		2440	Mailing Address 2440 E COMMERCIAL BLVD STE 5 FT LAUDERDALE FL 33308										
2. Principal Place of Business		3. Mai	3. Mailing Address						DITO LINEIT O'DIÈI	38 141 59 186	11018 1100		
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State		City	City & State				4. FE	El Number	1/- 3	6680	06-) A	pplied For ot Applicable
Zip	Country.	Zip	ستحصيت	-Count	try	=	5. -C	ertificate of St			\$	B.75-Ad	ditional —
	6. Name and Address of Curren	it Registere	ed Agent	Т			7. Na	ame and Add	ress of Nev	v Registe			
					Name					-			
ROLDAN, 2440 E CO	JENNIFER DMMERCIAL BLVD STE 5				Street Addre	ess (P.	O. Bo	x Number is N	lot Accepta	ible)	_	M	
	RDALE FL 33308			ľ									
				-	City	-		·			FL	Zip Coc	le
	named entity submits this statement	for the purp	ose of changing its	registere	ed office or reg	gistered	d agei	nt, or both, in	the State of			l niliar with,	and accept
the obligat	ions of registered agent.												
SIGNATURE .													
	Signature, typed or printed name of registered ager	nt and title if app	iicable, (NOTE:	: Registered	l Agent signature re	edrited w	nen rein	nstatino)		U.	ATE		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00					•		9. Election	Campaign				00 May Be
After Make Check	May 1, 2003 Fee will be \$550.00	of State	BS	11			ADD	9. Election Trust Fu	nd Contribu	ition.		Adde	d 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 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 thistee 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:

Daytime Phone #