2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jul 30, 2003 8:00 am Secretary of State

DOCU 1. Emity Nan NAGANI			.2003 90077							
Principal Place of Business 6061 BRANCHWOOD DR. Malling Address 6061 BRANCHWOOD DR.						with a state of the second				
6061 BRANCH	HWOOD DR. (1935) (1935) (1935) (1935) I FL 33467, I Garagizai Zela (1935) (1935)	6061 BRANCHWOOD DR.	ده دراند. د رواند			20 01.12 51.5				
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2. Principal 9	Place of Business	3. Mailing Address	ailing Address				<u> </u>			
Suite, Apt	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Sta	ite	City & State				4. FEI Number	5454		pplied For of Applicable	
Zip	Country	Zip	try		5. Certificate of Status Des	ired [\$8.75 Ad	ditional		
<u></u>	6. Name and Address of Current i	Registered Agent		7. Name and Address of New Registered Agent						
KYAW, MOE P										
6081 BRANCHWOOD DR.				Street Address (P.O. Box Number is Not Acceptable)						
LAKE WO										
	,			City			: FL	Zip Cod	le	
	a named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or	registere	d agent, or both, in the State	of Florida, I am	amiliar with,	and accept	
SIGNATURE	" Moe Phys	tegan!					1-7-03	3 ∞ (1		
SIGNATURE Signature, typed or printed name of registered again and tipe if absolute the control of the control										
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ik Payable to Florida Department of	State	1 141.5 1 548.7			9. Election Campai Trust Fund Contr			May Be to Fees	
10	OFFICERS AND C	1, 24	11.	<u> </u>		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME	PD	Delete	TITLE	- ~	PD	AW, MOE P		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	KYAN, MOE P 6061 Branchwood dr. Lake worth Fl. 33467		STREE	ET ADDRESS ST-ZIP	606	I BRANCHWOOKE WORTH F	D DR.	1		
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name Street address			name Stree	T ADDRESS						
CITY-51-ZIP	<u> </u>	- <u></u>	CITY-	ST-ZIP			··-			
TITLE NAME		☐ Delete	TITLE	{		•		Change	☐ Addition	
STREET ADDRESS		(Fig.)	STREE	T ADDRESS	F ,				.5.4	
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CITY - ST-ZIP			.	T ADDRESS ST-ZIP	 -	مانتها المهمارية فراغ الغالم المانية. مانتها المهمارية فراغ الغالم	,			
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 pare appears in Block 10 or Block 10 if										
SIGNATURE:										
	SIGNATURE AND TYPED OR PH	NTED MANE OF BIGNING OFFICER O	A DURECTO	A		Date	Dav.	time Phone #	 /	