FOR PROFIT CORPORATION

FILED Jul 11, 2003 8:00 am

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DOCUMENT # PO2000135-121		07-11-2003 90052 02	
1. Entity Name .		07-11-2003 90032 02	20 130.00
AMERICAN CUSTOM CABINE	try		
	Ministración de la compartición		
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Principal Place of Business Mailing Address	ا و ا م در و		
Suite, Apt. #, etc. Suite, Apt. #, etc.	VER WAY	DO NOT WRITE IN THIS	SONCE
Suite, Apt. #, etc.		DONO! WITE IN THIS	STACE
City & State City & State		4. FEI Number	Applied For
SAUFOLD, FL SAUFOLD,	FL	48-0537394	Not Applicable
Zip Country Zip Zip SENIVILE 82773	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
SEMINAL PROPERTY OF THE PROPER	JEMINIKE	Name and Address of Current Registere	
e was a company of the company of th	Name // ia	Li = Pipui	
DO-NOT-WRITE	Street Address (F	S. Box Number is Not Acceptable)	
IN THIS SPACE	1041 1	KINCESS GAT	5 BLVD
₩ IN I ΠΙΟ SPACE			
	City 4/1 N + E	e D V FI	Zip Code
8. The above named entity submits this statement for the purpose of changing its	registered office or registere	and agent or both in the State of Florida Lam	familiar with and accent
6. The above righted entity about its statement for the perpose of ortaligning its	egistarea office or registere	a agent, or sour, in the clate or rioned. Fam	rainmar with, and accept
the obligations of registered agent.]
the obligations of registered agent.			
SIGNATURE	Registered Agent signature required	when reinstating) DATE	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: January 1 - May 1 Fee is \$150.00	Registered Agent signature required v		25.00
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature required v	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	Registered Agent signature required v	9. Election Campaign Financing	
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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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP