2004 FOR PROFIT CORPORATION

FILED Apr 30, 2004 8:00 am Secretary of State

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DOCUI 1. Entity Nam P.V.K.L.V		2246			04-14	1-2004 90	0012 036	***150.00
Principal Place	e of Business	Mailing Address		7	0041	H201		
5270 N. STA		5270 N. STATE ROAD NORTH LAUDERDALE,			9941	17391		
2. Principal P	tace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03302004	Chg-P	CR2E	34 (10/03)	
City & State	8	City & State		4. FEI Number / 3 6	54018	359		oplied For ot Applicable
Zip	Country	Zip `	Country		of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	LRegistered Agent	Name	7. Name and	Address of New	Registered	Agent	
MITTELIRE	RG, BARRY S'ESQ.		Name	سيارين پيدائڪ ۽ مسلا		<u> </u>	<u></u>	
8100 N. UI	NIVERSITY DRIVE #102 JDERDALE, FL 33321		Street Address	(P.O. Box Numbe	er is Not Acceptat	ole)		
FORT LAL								
FORT LAL							Zip Cod	e
8. The above	named entity submits this statement filipins of registered agent. Signature, typed or printed name of registered agent.		City registered office or registe E. Registered Apent signature require		h, in the State of f	Florida. am	<u>. l'</u>	and accept
8. The above the obligat SIGNATURE _	ions of registered agent.	at and site if applicable [NOT	registered office or registe E. Registered Apent signature require ligh Financing\$		h, in the State of f	Florida. am	<u>. l'</u>	and accept
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indicated on this report or supplemental report is true and accurate and nat my signature shall have the same legal effect as it made under cath, that I am an officer or diffector 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: PETER VARNAY PRES	4.12.04	954 777 3865
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR OFFICER	Date	Daylime Phone #