FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 30, 2004 8:00 am Secretary of State 04-30-2004 90236 032 ***158.75

DOCÜN 1. Entity Name	MENT # <i>PU300</i>	00040b	5		
Calib	MENT # <i>PQ3000</i> per Construction	Manageme	nt Co. /		a. ·
•		. 11 pm - 12 m Flair (20 d 24 17 m 17 m 7 m 17 m T. F. H. H. J. J. Flair (1 F. Gleiffer 17 C.) T. F. L. J. J. J. F. J.	producer are not to the control of t		
DO NOT WRITE IN THIS SPACE				94074767	
2. Principal Pl	lace of Business NW 66 Way	3. Mailing Address			
Suite, Apt. :	#, e(c.	Suite, Apt. #, etc.	114. 14	DO NOT	WRITE IN THIS SPACE
Parkl	land FL	City & State		4. FEI Number 33- /0448/	Applied For Not Applicable
^{Zip} 330	67 Country USA	Zip	Country	5. Certificate of Status Desi	/ Fee Required
	,	. = ••	Name Name	7. Name and Address of Cu	rrent Registered Agent -
•	DO NOT WI		Street Address	(P.O. Box Number is Not Acce	ptable)
į	IN THIS SP		408	8 NW 66 U	oay .
C The shows	-m(A)		City Parl	Cland	FL Zip Code 33067
8. The above	married entity submits mis statement for	Time purpose of changing	its registered office of regist	tered agent, or both, in the State	4-22-54
5IGNATURE _	Shiper - 1995 on Ned hard of registered agent or	· · · · · · · · · · · · · · · · · · ·	CTE: Registered Agent signature requi	red when (dinstating)	DAIL
Tax filing r	oration is eligible to satisfy its intangible requirement and elects to do so.	After Ma	May 1' Fee is \$150:00 ay 1, Fee is \$550.00 led UBR is \$61.25	10. Election Campai Trust Fund Contr	
(See criteri	officers and t	Make Check Pay	able to Department of S		
TITLE NAME	President Michael Dudley		NAME STREET		
STREET ADDRESS CITY-ST-ZIP	Parkland FL 330	67	STREET ADDRESS.		
TRIE NAVE			NAME		
STREET ADDRESS CITY ST-ZIP			STREET ADDRESS		Magnature of the second of the
TITLE NAME			NAME		
STREET ADDRESS CHY-ST-ZIP		· · · · · · · -	CHY-ST, ZIP	DO NO	TWRITE
TITLE KAVE			TITLE	IN THI	S SPACE
STREET ADDRESS			STRUET ADDRESS CITY ST. ZIP		Hade the control of t
TITLE			TITLE		4.
STREET ADDRESS GITY- ST-ZIP			STREET ADDRESS		
, ALLE			TILL SECTION OF THE S		
NAME STREET ADDRESS CITY - ST - ZIP			NAME STREET ADDRESS CITY STAZIP		
13. I hereby	certify that the information supplied with d on this report or supplemental reports	this filing does not qualify	STATE OF THE STATE		tules. I further certify that the information under oath; that I am an officer or director
of the corporation or the receiver of this repeat as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an attachment with an address with all one like empowered.					
SIGNATURE: SIGNATURE: SIGNATURE OF THE STATE					
P0300004065					
F0300001063					