FOR PROFIT CORPORATION

U	NIFORM BUSINE	SS REPORT	(UBR)		FILEL)			
DOCUM 1. Entity Name	MENT # PO 30000	18746		O4 MA	R IO PI	H 3: 24			
DEUNA INC				SECRETARY OF STATE MILAMASSEE FLORIDA					
ſ	DO NOT WRITE	IN THIS SP	ACE						
19610 BELL HURST LOOP P.O		3. Mailing Address P.O. BOX 64 Suite, Apt. #, etc.	P.O BOX 648		DO NOT WRITE IN THIS SPACE				
City & State	O'LAKES FL	City & State	FL	4. FE	Number 3	09956	54	Applied For Not Applicable	-
Zip 3 4		^{Zip} 34639	Country	5. Ce	ertificate of Sta		\$t	8.75 Additional e Required	
				7. Nam	e and Addres	s of Current F	Registered A	gent	4
r - 2 - 			Name S	piegel & U	gel & Utrera, P.A.				
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE			<u></u>	1840 Coral Way, 4th Floor					
	~ 1.1		City				FL	Zip Code	
8. The above	named entity summers this statement to ions of registered at ent.	the purpose of changing its o	egistered office or re	egistered ager	nt, or both, in t	he State of Flor	ida. I am farr	illiar with, and accept	7
SIGNATI IRE	Sgnature types or make lame of registered agent	•	By : NATAL		_	_		3/4/04	
Jar	nuery 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR Is \$61.25 Payable to Florida Department of					Campaign Fina d Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS							コ_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C/T EARL DACON 19610 BELLHURST LOOT LAND O'LAKES FL	B 3 4639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C	400 3/16/04	0305 -01049	5 563 03	54 **150.00	CR2E034B (12/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U/S VICKY DACON 19610 BELLHURS LOOF LAND O'LAKES		TITLE NAME STREET ADDRESS CITY-ST-ZIP						CR2E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT '	WRIT	E	
TITLE NAME STREET ADDRESS GITY-ST-ZIP			TITLE NAME STREET ADDRESS CHY-ST-ZIP		IN T	THIS S	SPAC	E	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME			TITLE NAME						

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

A 2001 813-721.555.7

STREET ADDRESS CITY-ST-ZIP

SIG	N	ΔΤΙ	IDF:

STREET ADDRESS

813-731-5557