## 2004 FOR PROFIT CORPORATION

FILED Jun 07, 2004 8:00 am Secretary of State

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City  FL Zip Code  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Note: Registered Agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent, or both, in the State of Florida. I am familiar with, the obligations of Registered agent, or both, in the State of Flo	plied For t Applicable itlonal
P. O. BOX 243394 BOYNTON BEACH, FL 33424 US  P. O. BOX 243394 BOYNTON BEACH, FL 33424 US  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  5. Conflicate of Status Desired  8. Name and Address of Current Registered Agent  Name  MASS; YOLAINYA'A  2511 N.E. 4TH STREET  BOYNTON BEACH, FL 33435  City  City  FL Zip Code  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  TILE  MAKE  STIFET ADDRESS  CITY-ST-Zip  TILE  MAKE  STIFET ADDRESS  CITY-ST-Zip  TILE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TILE  TILE  CITY-ST-Zip  TILE  TO CATARONES  CITY-ST-Zip  TO CATARONES  CI	plied For t Applicable titlonal
Suite, Apt. #, etc.  Suite, Apt. #, etc.  O4292004 Chg-P CR2E034 (10/03)  City & State  City & State  City & State  4. FEI Numbor  Zip  Country  5. Certificate of Status Desired Fee Require  6. Name and Address of Current Registered Agent  Name  6. Name and Address of Current Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  Signature  Si	plied For t Applicable titlonal
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E. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Name  2511 N.E. 4TH STREET  BOYNTON BEACH, FL 33435  City  City  FL Zip Code	itlonaf i
MASS, YOLANYA'A  2511 N.E. 4TH STREET BOYNTON BEACH, FL 33435  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.  SIGNATURE  Synatra, typed or prived name of registered agent and size if applicable.  NOTE: Registered Agent signature required when remaining)  PATE  FILE NOWITE FE IS \$150.00  After May 1, 2004 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	
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212. I hereby certify that the information supplied with this filter@does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I turther certify that the information supplemental report is tripler@does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I turther certify that the information of the report or supplemental report is tripler@does. If made under oath; that I am an officer 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 Example of the corporation of the receiver of the corporation of the c	rmation director lock 11 if

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