FILED Apr 17, 2006 8:00 am Secretary of State

FOR PROFIT CORPORATION

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DOCUMENT # P03000043854 1. Entity Name								
in Entity Mesho								
S & P Inc of Kissimmee					201024 65 4			
2 a Lift of visamines					20031911			
DO N	OT WRITE	E IN THIS S	SPA	C=				
2. Principal Place of Business 3. Mailing Address				enishasin sananna				
1901 Michigan Avenue	1901 MICHIGAN AVE			DO NOT WRITE IN THIS SPACE				
Suite, Apt. #, etc. Suite, Apt. #, etc								
City & State Kissimmee, FL		City & State KISSIMMEE FL			4. FEI Number 55-0829262		Applied For Not Applicable	
Zip 34744	Country	Zip 34744	Co	ountry	5. Certificate of S	tatus Desired	\$8.75 Additional Fee Required	
				7. Nan	ne and Address o	of Current Regis	stered Agent	
		Name KIRAN, FOQIA						
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE 1901 MICH							<u> </u>	
				City KISSIMMEE F	1 34744	FL	Zip Code 34744	
8. The above named	l entity submits this s	tatement for the purpo	ose of ch			gistered agent, o		
State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
Signat	ure, typed or printed name of	of registered agent and title it	f applicable). (NOTE: Regist	ered Agent signature n	equired when reinstat	ing) DATE	
January 1 - May 1 Fee is \$150:00 After May 1; Fee is \$550:00 Amended UBR is \$61:25					9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	
Make Check Payabl		nent of State	11.		<u>-</u>		<u> </u>	
TITLE	PVP	MD DIRECTORS		rue .				
NAME	KIRAN, FOQIA	, ,	25:161:161	ME				
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NAME			10.000.000	ME				
STREET ADDRESS			10011201010	REET ADDRES	\$			
12. I hereby certify that	the information supplies	d with this filing does not		TY-ST-ZIP r the exemption :	itated in Section 119	9.07(3)(i). Florida S	tatules. I further	
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 tegal effect								
as if made under eath; that if 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.								
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CIONATURE -	1 honors				3.20	1.0%	476 921.9451	
SIGNATURE:	ATURE AND TYPED O	R PRINTED NAME OF	SIGNING	OFFICER OR D	IRECTOR D)ate D	476 931.245) Baytime Phone #	
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