FILED Mar 19, 2004 8:00 am Secretary of State

2/1

DOCUMENT # P03000055682 1. Entity Name APEX CAT, INC.									02-26-20	004 900	008 043 *	**150.00
Principal Place of Business Mailing Address												
2740 DEWEY ST HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020								(664069		CHES CHES INCH S	Neti û IJei
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			_	02042004	Chg-P	CR2E	034 (10/03)	
City & State			'	City & State				4. FEI Numb			<u> </u>	oplied For at Applicable
Zip	Country			Zip Coun					of Status Desired		\$8.75 Add	fitional
6. Name and Address of Current Registered Agent								7. Name and	Address of New R	egisterec	Agent	
TURNQUEST, TRELLANY						Name						
2740 DEWEY ST HOLLYWOOD, FL 33020						Street Ac	ddress (P.O. Box Numb	er is Not Acceptable	•)		
-						City				-	Zip Cod	
A The above	named antit	or or observe this exactors	not for the r	verses of changing lie	. unminte				M. 10 (b. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	F	L	
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, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed neme of registered agent and take if approache. (NOTE: Registered Agent signature required when natintaling) DATE												
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be												
		4 Fee will be \$5		Trust Fund Con	tribution.		Add	led to Fees				
10.	1_	OFFICERS	AND DIREC	· · · · · · · · · · · · · · · · · · ·	11.			ADDITIONS	CHANGES TO OFF	CERS AN		S IN 11
TITLE NAME						.E AÉ	PT	TILANV	CAMPBELL		Change	Addition
STREET ADDRESS						EET ADDRESS	27	40 DEWI	EY STREET	•		
CITY-ST-ZIP	HOLLYWOOD, FL 33020					/-ST-ZIP			FL 330			
TITLE				☐ Delete	TITL NAN		SD				Change	Addition
STREET ADDRESS	ļ					EET ADDRESS	AN	THONY (CAMPBELL			
CITY-ST-ZIP				<u> </u>	CUTY	/-ST-7#P	Η̈́Ó	LLYWOO	EY STREET	20_		
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CITY-ST-ZIP						f-ST-ZIP	L					
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CITY-ST-ZIP						r-\$1-21P		_		_		
TITLE	\			☐ Delete	TITL			<u>-</u>			☐ Change	Addition
STREET ADDRESS	1					EET ADORESS	L					
CITY-ST-ZIP	L					(-51-ZIP						,
12. I hereby certify that the information supplies with this filing does not qualify for the exemption state of nection 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplier professional report is que and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver of other communities of the profession of the receiver of the corporation or the receiver of the corporation of the receiver of the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of												
SIGNATURE: Complete 2/23/04												
SIGNAL	UKE:(_	BIGNATURE AND TYPE	D OA PRINTED	MANE OF SIGHING OFFICER	OR DIREC	TO			C Date Oct		Daytime Prione #	