		IT CORPORA L REPORT			A	or 01, ecreta	ILE 200	4 <u>8:</u> ()0 _. ar
1. Entity Nam	MENT # P0300005 ^{IN B} HI SI SENOR, INC.	6179			S	ecret : 04-01-2004			
Principal Plac	ce of Business	Mailing Address							
1203 UNIVE Coral Sprij	RSITY DR NGS, FL 33071	1203 UNIVERSITY DR Coral Springs, FL 3	3071			ي جي في حو دو	i ninin kinin k	يتور وتروي المراجع	
2. Principal P	hace of Business	3. Mailing Address				. Not 12 5	, 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03262004	Chg-P	CR2E0	134 (10/03)	
City & Stat	té	City & State			4. FEI Number	4-21115	508		plied For t Applicable
Zip	Country	Zip	Count	ry	5. Certificate of S	- <u>i</u>	<u></u>	\$8.75 Add	litional
	6. Name and Address of Curren	nt Registered Agent			7. Name and Ad	dress of New R			<u>a</u>
	14000		•	Name					
MOLANO, MARCO 1203 UNIVERSITY DR CORAL SPRINGS, FL 33071				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Cod	9
8. The above	a named entity submits this statement	for the purpose of changing its	s registere	d office or register	ed egent, or both, i	n the State of Ro		familiar with.	and accept
FIL	Signature, typed or printed name of registered age	ant and title if applicable. (NOT	····	Agent signature required	when reinstating)	•	DATE		
	ay 1, 2004 Fee will be \$550	D.00 Trust Fund Con	•		00 May Be ed to Fees				
After M	ay 1, 2004 Fee will be \$550	D.00 Trust Fund Con	•			ANGES TO OFF	CERS AND	DIRECTOR	S IN 11
After M	2004 Fee will be \$550 OFFICERS AN		tribution.		ed to Fees	ANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
	by 1, 2004 Fee will be \$550 OFFICERS AN	ID DIRECTORS	tribution.		ed to Fees	ANGES TO OFF	ICERS AND	· · · ·	
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