2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

Zip Country Zip Country 5. Certificate of Status Desired S8.75 Additional Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addres	MAHI MAH			را		1			
14018562 14018562		II MANAGEMENT TEAM	I, INC.						
Principal Piaco of Business Suite, Act. 4, etc. Suite, Apt. 5, etc. Suite, Apt. 6, etc. Ory 6, State Country Zip Country Zip Country Zip Country Zip Country Zip Site Additional Fee Registered Site Applied For Fee Registered Site Applied Site Registered Appent T. Name and Address of New Registered Appent ONG, DAVID 221 E. ROBINSON STREET RILANDO, FL 32801 CIV DEL TOMO Sheat Address (Pr. 6, bit) Number is Not Acceptable) // 2 G BARBADDS ST. Civ DEL TOMO Sheat Address (Pr. 6, bit) Number is Not Acceptable) // 2 G BARBADDS ST. Civ DEL TOMO Sheat Address (Pr. 6, bit) Number is Not Acceptable) // 2 G BARBADDS ST. Civ DEL TOMO Sheat Address (Pr. 6, bit) Number is Not Acceptable) // 2 G BARBADDS ST. Civ DEL TOMO The above numed entiry submits this stategrant for the purpose of changing its registered agent, or both, in the State of Portical. I am familier with and acceptable with the State of Portical. I am familier with and acceptable with the State of Portical State of Port	rincipal Place	of Business	Mailing Address		15 CT	<u>'</u>			· :
Side, Apt. #, etc. Sulfe, Apt. #, etc. O422004 ChgP CR26034 (10/03) Cry & State Oily & State Oily & State A. FEI Number T4 - 3 0.3 4 97 Applied For ZD Country ZD Country D. S. Cerstroate of Status Desired St. 75 Additional Fee Registrand Append T. Name and Address of Current Registrand Append Name CHEN, A N TO N O	126 B 122 TON	A: FZ. 32725	DZZTONA), FL	12 (-		Be: 22 //() Be/// 22//: 88/	14018562	() () () ()
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B: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name CHEN, ANTONIO 221 E. ROBINSON STREET PL 2003 ILL ANDO, FL 32801 1/26 BARBADDS ST.	<u> </u>		City & State			4. FEI Number 74 - 3/03499 Applied For Not Applicable			
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Street Address (P.O. Blank Number is Not Acceptable) Code		8. Name and Address of Curre	nt Registered Agent		Name CL			~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
City DEL TONA FL Zip Code TL Zip Cod	221 E. RO	BINSON STREET							
The above named entity submits this statement for the purpose of changing its registered agont, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. IGNATURE	ALANDO,	PL 32001			1126	BARBI	3DOS_ S	7	
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After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete	IGNATURE	Ignature, typed or printed name of registered age					1	29-200 C	1_
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