


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-02-2004 90041 040 ***150.00

DOCUMENT # **P03000108233**

1. Entity Name
Matt Laur Sales, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6534 Murano Way Suite, Apt. #, etc.		3. Mailing Address 6534 Murano Way Suite, Apt. #, etc.	
City & State Lake Worth Florida Zip 33467 Country USA		City & State Lake Worth, Florida Zip 33467 Country USA	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number 22-3059366	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		7. Name and Address of Current Registered Agent	
		Name Herbert Schlesinger Street Address (P.O. Box Number is Not Acceptable) 6534 Murano Way City Lake Worth FL Zip Code 33467	

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 **Herbert Schlesinger** DATE **3/29/2004**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

January 1 - May 1 Fee is \$450.00 After May 1 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Herbert Schlesinger 6534 Murano Way Lake Worth Florida 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 legal effect as if made under oath; that I 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.

SIGNATURE: **Herbert Schlesinger** DATE **3/29/2004** DAYTIME PHONE # **561-304-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)