2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 8:00 am Secretary of State

	21111071		<u> </u>			ecreta	rv ot S	state
ີ້ L. Entity Nan	MENT # P0400061 RCHANDISE, INC.	305				04-27-2005 9	•	
Principal Plac	ce of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·					
2 005 LAS P ORLANDO, F	ALMAS GIR-	Mailing Address 2005 LAS PALMAS-CIR ORLANDO, FL 32822						
2. Principal F 5407	Place of Business W. IRLA Browsow A	3. Mailing Address	Ilo Box					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>		04202005	Chg-P	CR2E034 (10	0/03)
City & Stat	IMMER, HORIDA	City & State	upo 1	7	4. FEI Number	-10228	27	Applied For Not Applicable
347	Country	Zip CATCAC	Country		5. Certificate o	f Status Desired		5 Additional
371	4 6 OSCOGA	24/46	OSPOCT	4				equired
<u>. </u>	6. Name and Address of Current F	registered Agent	Name		7. Name and A	Address of New F	egistered Agent	
FRANCO,	ERICA .		Ivanie	EDI	CA F	CALLE	>	
*	PALMAS GIR		Street A	\ddress (P.	O. Box Number	is Not Acceptable	9)	
ORLANDO	D , FL 32822	*	-				1	
t. ·			540	7 /	W. IRI	BROWS	N Here	1 #D4
		ź.	City	1/100	01.410.		El Z	p Code
8. The above	named entity submits this statement for	the purpose of changing its w	naistered office a	<u> </u>		in the Ctate of Fl	The last section of the section of t	34146
the obligat	tions of registered agent.	the barbose or custiging its to	egistered office d	r registeret	agent, or both	, in the State of Fit	orida. Tam iamilia -	r with, and accept
	Maion Dayon &	t_{γ}				11	Inha	•
SIGNATURE.	Signature, typed or printed same of registered agent a	nd title if applicable. (NOTE: I	Registered Agent signa	ture required w	hen reinstations		<u> </u>	
			- Superior - Superior -		- Contraction (g)		— UATE	
	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib		\$5.0 Added	May Be to Fees			
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRE	CTORS IN 11
TITLE	DPS +	☐ Delete	TITLE	DIP	·/s			hange
NAME	FRANCO, ERICA		NAME	ERIC	A FRA	110		6.
STREET ADDRESS	2005 LAS PALMAS CIR		STREET ADDRESS	540	i WÎ	Wa Ber	H GOZEN	eery #04
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NAME	MANZOOR, HAMID		NAME					
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	ORLANDO, FL 32822		CITY-ST-ZIP	_				- ·
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NAME			NAME	·				
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CITY-ST-ZIP			CITY-ST-ZIP	1				

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05 Date 407-396-9879

Daytime Phone #