
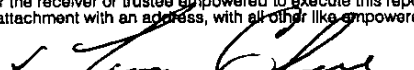


**FILED**  
**May 13, 2005 8:00 am**  
**Secretary of State**

50052186

<b>DOCUMENT # P04000097184</b>		<b>Secretary of State</b> 05-13-2005 90222 015 ***150.00	
1. Entity Name <b>LASER SOLUTIONS OF SOUTH FLORIDA, INC.</b>			
Principal Place of Business 918 E. CYPRESS CREEK ROAD #135 FT LAUDERDALE, FL 33334		Mailing Address 918 E. CYPRESS CREEK ROAD #135 FT LAUDERDALE, FL 33334	
2. Principal Place of Business <b>1174 S. POWERLINE ROAD</b>		3. Mailing Address <b>1174 S. POWERLINE ROAD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Pompano Beach FL</b>		City & State <b>Pompano Beach FL</b>	
Zip <b>33069</b>		Zip <b>33069</b>	
Country <b>USA</b>		Country <b>USA</b>	
04222005		Chg-P	
CR2E034 (10/03)		50052186	
4. FEI Number <b>20-1307509</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CHACE, TINA</b> 918 E. CYPRESS CREEK ROAD 135 FT LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name <b>CHACE, TINA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1174 S. POWERLINE ROAD</b> City <b>Pompano Beach</b> FL Zip Code <b>33069</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRES CHANCE, TINA 918 E. CYPRESS CREEK ROAD #135 FT LAUDERDALE, FL 33334</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PRES CHACE, TINA 1174 S. POWERLINE ROAD Pompano Beach FL 33069</b>	
Delete <input type="checkbox"/>		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: 		Date: <b>4/30/05</b> 9972-2888	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	