

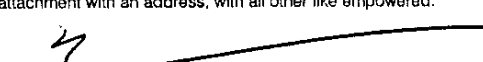


FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90077 005 ***150.00

DOCUMENT # P04000122415 1. Entity Name AQUILA WEISS, INC.				Secretary of State 04-04-2005 90077 005 ***150.00	
Principal Place of Business 100 SE 2ND STREET 17TH FLOOR MIAMI, FL 33131		Mailing Address 100 SE 2ND STREET 17TH FLOOR MIAMI, FL 33131			
2. Principal Place of Business 3111 N. UNIVERSITY DRIVE Suite, Apt. #, etc. 1000 City & State CORAL SPRINGS, FL Zip 33065 Country USA		3. Mailing Address 3111 N. UNIVERSITY DRIVE Suite, Apt. #, etc. 1000 City & State CORAL SPRINGS FL Zip 33065 Country USA		 03282005 Chg-P CR2E034 (10/03)	
4. FEI Number 20-1739369		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 LICKSTEIN, FRED K 100 SE 2ND STREET 17TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P THOMAS P. WEBER 3111 N. UNIVERSITY DRIVE, #1000 CORAL SPRINGS, FL 33065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V JORDAN PAUL 3111 N. UNIVERSITY DRIVE, #1000 CORAL SPRINGS, FL 33065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S RODNEY MARKS 3111 N. UNIVERSITY DRIVE, #1000 CORAL SPRINGS, FL 33065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:  3/31/05 954340-0120 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					