2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P08844 **DOCUMENT #**

1. Entity Name

FILED May 27, 2003 8:00 am § Secretary of State 05-27-2003 90177 045 ***150.00

FIRST LA	DY INTERNATIONAL CORPO	DRATION		9	
Principal Place 14 MENDOTA TORONTO ON		Mailing Address 14 MENDOTA ROAD TORONTO ON M8-Y1E8			
2. Principal F	Place of Business	3. Mailing Address			
			RATE WAY		
Suite, Apt.	#, etc. '	Suite, Apt. #, etc.	,	CHECK HERE IF	MAKING CHANGES
City & Stat WEST		City & State WEST PALM	BEACH	4. FEI Number 51-0278165	Applied For Not Applicable
^{Zip} 3340		zip 33407	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Reg	Jistered Agent
CHAUNCE	EY, HARRISON K JR.		Ivanie		
777 SOUTH FLAGLER DRIVE			Street Address	(P.O. Box Number is Not Acceptable)	
SUITE 200, EAST TOWER					
WEST PALM BEACH FL 33401			City		FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registere			registered office or regists	ered egent, or both in the State of Floring	
	Signature, typed or printed name of registered agent an ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00	d title if applicable. (NOTE	Registered Agent signature requin	9. Election Campaign Finar	* <u> </u>
	Payable to Florida Department of	State		Trust Fund Contribution.	LJ Added to Fees
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFIC	 :
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martin, Leslië e N202 3250 South Ocean Blvd. Palm Beach Fl 33480	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-S1-ZIP	p*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: