FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

	KM BOSINE		<u> </u>	r i i i i i i i i i i i i i i i i i i i	أسأسو	
DOCUMENT #	# numnol	002539			EU	
1. Entity Name	y = (0 - 0 v v	• • • •		.		
				04 APR 15	AM 9: 44	
Brady & Brady, P.A.						
				SECRETARY OF STATE		
DO NOT WRITE IN THIS SPACE				TALLAHASSE	E FLORIDA	
			FAUL		A PROPERTY OF THE PROPERTY OF	
Targetta de la caracteria de la caracter		3. Mailing Address				
2. Principal Place of 370 Camino Gardens		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
200C						
City & State		City & State		4. FEI Number	Applied For	
Boca Raton, FL			· · · · · · · · · · · · · · · · · · ·	65-0361131	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	± X \$8.75 Additional	
33432		Control of the final control of the second o	olikisianiasia		Fee Required	
	Andreas de la companya de la company La companya de la co			e and Address of Current	Registered Agent	
			Name Frank R. Brad	ty Esa		
DO NOT WRITE Street Add				Iress (P.O. Box Number is Not Acceptable)		
11	и тије ев	ACE		Brady & Brady, P.A.		
IN THIS SPACE						
A MERCA DA PARA PARA PARA PARA PARA PARA PARA	ong te Kapetaken kan dan dan Kapetakan dan Kebasah dan basaran	to discuss of the second secon	3416 (416 (416 (416)	no Gardens Blvd., Suite 200		
			City Boca Raton		FL Zip Code 33432	
8. The above named	d entity submits this s	statement for the purp	the state of the s	egistered office or registered		
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						
	re typed or printed name of	of registered agent and title if	applicable (NOTE: Regis	stered Agent signature required when	reinstating) DATE	
	May 1 Fee is \$150.		тррители (14 г.ш.) годи			
	ay 1, Fee is \$550.00			9. Election Campaign Financir	ng \$5.00 May Be	
L. Amon	1.4 HDD: 604 OF					
	ted UBR is \$61.25			Trust Fund Contribution.	Added to Fees	
Make Check Payable	e to Florida Departn		I 11	Trust Fund Contribution.	Added to Fees	
Make Check Payable 10.	e to Florida Departn	nent of State ND DIRECTORS	_ 11.	Trust Fund Contribution.	Added to Fees	
Make Check Payable	of to Florida Departm OFFICERS AND PD Frank R. Brady	ND DIRECTORS	TITLE	Trust Fund Contribution.	Added to Fees	
Make Check Payable 10. TITLE NAME STREET ADDRESS	of Florida Departm OFFICERS AND PD Frank R. Brady 370 W. Camino Gal	ND DIRECTORS rdens Blvd., Suite 200	TITLE NAME STREET ADDRES		Added to Fees	
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	of Florida Departm OFFICERS AND PD Frank R. Brady 370 W. Camino Gal Boca Raton, FL 334	ND DIRECTORS rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP		Added to Fees	
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	of Florida Departm OFFICERS AND PD Frank R. Brady 370 W. Camino Gal Boca Raton, FL 334	ND DIRECTORS rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	S		
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND OFFIC	ND DIRECTORS rdens Blvd., Suite 200 32	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	S		
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND OFFIC	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP			
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE	Property of the property of th	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	S		
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Property of the property of th	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	s 80003275 s 04/14/04-01053-0	4868 010 **158.75	
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Property of the property of th	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES STREET ADDRES	s 80003275 s 04/14/04-01053-0	4868 010 **158.75	
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Property of the property of th	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	s 80003275 s 04/14/04-01053-0		
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME	Property of the property of th	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME	s SDDG327'5 s 04/14/04-01053-0 s DO NOT IN THIS	4868 010 **158.75	
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Property of the property of th	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	s SDDG327'5 s 04/14/04-01053-0 s DO NOT IN THIS		
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Property of the property of th	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP	s SDDG327'5 s 04/14/04-01053-0 s DO NOT IN THIS		
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Property of the property of th	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	s SDDG327'5 s 04/14/04-01053-0 s DO NOT IN THIS		
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Property of the property of th	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE	\$ 90003275 \$ 04/14/04-01053-0 \$ DO NOT IN THIS		
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Property of the property of th	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP	\$ 90003275 \$ 04/14/04-01053-0 \$ DO NOT IN THIS		
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Property of the property of th	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP	\$ 90003275 \$ 04/14/04-01053-0 \$ DO NOT IN THIS		
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Property of the property of th	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200	TITLE NAME STREET ADDRES CITY-ST-ZIP	S		
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	e to Florida Departm OFFICERS AN PD Frank R. Brady 370 W. Camino Gal Boca Raton, FL 334 VPDS Jeanne C. Brady 370 W. Camino Gal Boca Raton, FL 334	rdens Blvd., Suite 200 32 rdens Blvd., Suite 200 32	TITLE NAME STREET ADDRES CITY-ST-ZIP	S SDDCS275 S Q4/14/04-01053-0 S DO NOT IN THIS S	4868 010 **158.75 FWRITE SPACE	
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	e to Florida Departm OFFICERS AN PD Frank R. Brady 370 W. Camino Gai Boca Raton, FL 334 VPDS Jeanne C. Brady 370 W. Camino Gai Boca Raton, FL 334	rdens Blvd., Suite 2000 32 rdens Blvd., Suite 2000 32	TITLE NAME STREET ADDRES CITY-ST-ZIP	S	TWRITE SPACE da Statutes, I further	
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the certify that the inform	e to Florida Departm OFFICERS AN PD Frank R. Brady 370 W. Camino Gai Boca Raton, FL 334 VPDS Jeanne C. Brady 370 W. Camino Gai Boca Raton, FL 334	rdens Blvd., Suite 2000 32 rdens Blvd., Suite 2000 32	TITLE NAME STREET ADDRES CITY-ST-ZIP	S SDOGS27/5 S Q4/14/04-D1053-0 S DO NOT IN THIS S Sated in Section 119.07(3)(i), Floriond that my signature shall have the	TWRITE SPACE da Statutes, I further ne same legal effect	
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the certify that the inform as if made under cat	e to Florida Departm OFFICERS AN PD Frank R. Brady 370 W. Camino Gai Boca Raton, FL 334 VPDS Jeanne C. Brady 370 W. Camino Gai Boca Raton, FL 334	rdens Blvd., Suite 2000 32 rdens Blvd., Suite 2000 32 vith this filing does not que aport or supplemental repodirector of the corporation	TITLE NAME STREET ADDRES CITY-ST-ZIP	S S DO NOT IN THIS S IN Section 119.07(3)(i), Florid that my signature shall have the empowered to execute this repo	TWRITE SPACE da Statutes, I further the same legal effect as required by	
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the certify that the inform as if made under cat	e to Florida Departm OFFICERS AN PD Frank R. Brady 370 W. Camino Gai Boca Raton, FL 334 VPDS Jeanne C. Brady 370 W. Camino Gai Boca Raton, FL 334	rdens Blvd., Suite 2000 32 rdens Blvd., Suite 2000 32 vith this filing does not que aport or supplemental repodirector of the corporation	TITLE NAME STREET ADDRES CITY-ST-ZIP	S SDOGS27/5 S Q4/14/04-D1053-0 S DO NOT IN THIS S Sated in Section 119.07(3)(i), Floriond that my signature shall have the	TWRITE SPACE da Statutes, I further the same legal effect as required by	
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the certify that the inform as if made under oat Chapter 607, Florida	e to Florida Departm OFFICERS AN PD Frank R. Brady 370 W. Camino Gai Boca Raton, FL 334 VPDS Jeanne C. Brady 370 W. Camino Gai Boca Raton, FL 334	rdens Blvd., Suite 2000 32 rdens Blvd., Suite 2000 32 with this filing does not qualification of the corporation ame appears in Block 10 o	TITLE NAME STREET ADDRES CITY-ST-ZIP	S DO NOT IN THIS S ated in Section 119.07(3)(i), Florie of that my signature shall have the empowered to execute this report an address, with all other like empowers an address, with all other like empowers.	GABBB 010 ***158:75 FWRITE SPACE da Statutes. I further the same legal effect of as required by powered.	
Make Check Payable 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the certify that the inform as if made under oat Chapter 607, Florida SIGNATURE:	to Florida Departm OFFICERS AN PD Frank R. Brady 370 W. Camino Gal Boca Raton, FL 334 VPDS Jeanne C. Brady 370 W. Camino Gal Boca Raton, FL 334	rdens Blvd., Suite 2000 32 rdens Blvd., Suite 2000 32 vith this filing does not que aport or supplemental repodirector of the corporation	TITLE NAME STREET ADDRES CITY-ST-ZIP	S DO NOT IN THIS S IN THIS S IN THIS S In the sempowered to execute this repo an address, with all other like empty 4/10/2004	TWRITE SPACE da Statutes, I further the same legal effect as required by	

7