FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9300031528				FILED May 24, 2002 8:00 am Secretary of State 05-24-2002 91352 031 ***150.00	
· · · ·	DO NOT WRITE		ACE		
2. Principal Place of Business 1550 N. Ferd. Hwy Suite, Apt. #, etc. 5 (a (1P) # 10 3. Mailing Address 9581 MAJES Suite, Apt. #, etc.			stic WAg	DO NOT WRITE IN THIS	SPACE
City & State	on Brach FL	Bounton B	Beach FL	4. FEI Number 65-0403602	Applied For Not Applicable
Zip	Country	7191, 20	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
3343	<u>5</u>	33431	3	7 Name and Address of Current Registere	
Name DEMELO Edith I					
DO NOT WRITE IN THIS SPACE				(P.O. Box Number is Not Acceptable)	
				9581 MATESTIC WY	
ана. Ма					Zin Code
			City SOL	nton Beach FI	- Zip Code 33437
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.					
SIGNATURE					
January 1 - May 1 Fee is \$150.00					¢E 00
Tax filing requirement and elects to do so.			, Fee is \$550.00 UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	Added to Fees
(See criteria on back) Make Check Payable			e to Department of Sta	ate	
11.	OFFICERS AND I		TITLE		<u> </u>
TITLE NAME	Edith M. DEMELO		NAME	. · · ·	
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP	Boynton Beach	1, FL 3393.1	TITLE		
TITLE NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	<u></u>		CITY-ST-ZIP		······
TITLE NAME	- ···		TITLE NAME		
STREET ADDRESS	·····		STREET ADDRESS	DO NOT WR	ITE
CITY-ST-ZIP			CITY-ST-ZIP		
title Name			NAME	IN THIS SPA	CE
STREET ADDRESS			STREET ADDRESS	· · · ·	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME			TITLE		
STREET ADDRESS			STREET ADDRESS		-
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			. TITLE • NAME		•
NAME STREET ADDRESS			STREET ADDRESS		•
CITY-ST-ZIP			CITY-ST-ZIP		
 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 or director 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 or director of the true officer offic					
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 in or on an attachment with an address, with all other like empowered.					
	E-1:11	M Dellar	Ent.T	h m. De melo	4-20-02
SIGNATURE: <u>FAITA II. DEVALUE</u> COULD Date Daytime Phone #					
<u></u>					<u> </u>