CR2E034 (10/02)

2003 FOR PROFIT CORPORAT

UN	ILOKM BOSINE	.33 KEPUK	NGU) I)	Apr 20, 2005 0.00 an
1. Entity Nam		0043759			Secretary of State 04-28-2003 90345 045 ***150.00
444 BRICKELL MIAMI FL 331 US	31	Mailing Address 260 CRANDON BLVD STE 32 #124 KEY BISCAYNE FL 33149-19 US	540		
260 c Suite, Apt.	A	Suite, Apt. #, etc.	don Bl	1d 24	☐ CHECK HERE IF MAKING CHANGES
City & Stat	Biscagne, FI	City & State Key Bisca	Ine, F		4. FEI Number 65-0426627 Applied For Not Applicab
^{Zip} ろろ!	49 Country USA	33141	Country US	:	5. Certificate of Status Desired
	6. Name and Address of Current I				7. Name and Address of New Registered Agent
KARDONS	KI. FRANK	THINK IS POE		Cank ddrago (BC	KARONSTI (Residentia) O. Box Number is Not Acceptable).
260 CRAN STE 32 #	IDON BLVD. その1つか) 124	ng is home address	47		U Mathejon. D.V
	33147-1540		City Key		FL Zip Code 33, 49
Afte	Signature, typed of printed name of registered agent a FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		Registered Agent signat	ure required wh	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
TITLE NAME	CEO KARDONSKI, FRANK	Delete	11. TITLE NAME		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 © Change □ Addition Crandon Blvd StF 32 PMB124
STREET ADDRESS CITY-ST-ZIP	444 BRICKELL AVE., #500 MIAMI FL 33131		STREET ADDRESS CITY-ST-ZIP	ke y	4 Biscayne, F1 33149
TITLE NAME STREET AUDRESS CITY-ST-ZIP	ST Kardonski, anne l 444 Brickell ave., #500 Miami Fl 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2600 Ker	Crandon Blud Ste 32 PMB 124 YB3comple, F1 33,149
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TITLE		□ Delete	TITLE		· Change C Addition

12. I hereby certify that the information supplied with this fillion 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 supplied reports 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 at testee empowered to execute this eport 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

cichature required **SIGNATURE** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #