2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

1. Entity Nar			03	FILE SEP 30	PM 2: 15				
2407 NW 135 STE. 101 MIAMI FL 331	IAMI FL 33167 MIAMI FL 33167			1,741.	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Suite, Apt.	Jeminole Urive #, etc.	Suite, Apt. #, etc.	265 Seminble Drive uite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Fort L	andordale Florida 7	ort Landordale	Floric	da	4. FEI Number 65-0	127741		oplied For ot Applicable	
33 3 04-	6. Name and Address of Current Reg	3304 - 1605 Pistered Agent	U.S.A	•	5. Certificate of Status D 7. Name and Address		\$8.75 Add Fee Require		
BRIDY, EDWARD A 2407 NW 135 ST. STE. 101 MIAMI FL 33167 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. Salah Annual Company of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or plinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.90									
After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State					9. Election Cam Trust Fund Co			May Be to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRIDY, EDWARD A 2407 NW 135 STREET, #101 MIAMI FL 33167	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Edw Fab Tank	additions/changes and Ar Bridy Seminole Di Laudondalc, F	nve.	Change	S IN 11 ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	101	80002 09/30/0301	34469	Change 178: **1350.(Addition 6	
NAME STREET ADDRESS CITY-ST-ZIP	<u>-</u>		TITLE Name Street address City-St-Zip	-		·	☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
indicated	ertify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowere	and accurate and that my sig	inature shall ha	ave the san	ne legal effect as if made	under oath: that I	l am an officer	or director 1	