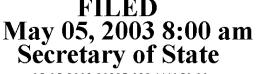
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P93000078364 **DOCUMENT #** 1. Entity Name



05-05-2003 90387 028 ***150.00

DANIELLE HARRELL, P.A. Principal Place of Business Mailing Address 11039223 6437 BAY CLUB DRIVE 6437 BAY CLUB DRIVE #1 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33303 HS HŜ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. -CHECK.HERE.IF MAKING.CHANGES. Applied For City & State City & State 4. FEI Number 65-0452846 Not Applicable Zip Country Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAVENDER, JOEL R Street Address (P.O. Box Number is Not Acceptable) 507 SE 11 CT FT LAUDERDALE FL 33316 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9.-Election Campaign Financing \$5:00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVST** TITLE TITLE Addition ☐ Delete HARRELL, DANIELLE NAME NAME 6437 BAY CLUB DR, #1 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE:

Daytime Phone #