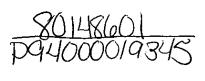
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000019345 1. Entity Name CHRIS EISDORFER & ASSOCIATES, INC.				FILED Sep 16, 2003 8:00 am Secretary of State 09-16-2003 90005 050 ***550.00	
Principal Place of Business 2121 NORTHEAST 208TH STREET MIAMI FL 33179		Mailing Address 2121 NORTHEAST 208TH S MIAMI FL 33179	STREET		
2. Principal Place of Business ROAD Suite, Apt. #, etc.		3. Mailing Address 10138 Lawrel Road Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
DAV I	o. FL	-City & State Davie, FL	-	4. FEI Number 65-0471193 Applied For Not Applicable	le
^{Zip} 3333	Country USA 6. Name and Address of Current I	Zio 33328	Country	S. Certificate of Status Desired	
	6. Name and Address of Current	registered Agent	Name	7. Name and Address of New Registered Agent	\dashv
RUB, MARTA L 3330 N UNIVERSITY DRIVE SUNRISE FL 33351			Street Address	(P.O. Box Number is Not Acceptable)	
*			City	FL Zip Code	
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	1
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requires	ed when reinstating) DATE	
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	7
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EISDORFER, CHRIS 2121 NORTHEAST 208TH STREE MIAMI FL 33179	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	:	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME . STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	1
TITLE NAME STREET ADDRESS : CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c	ertify that the information supplied with	☐ Delete this filling does not qualify for t	TITLE NAME STREET ADDRESS CITY-ST-ZIP he exemption stated in Se	Change Addition Change Addition Exection 119.07(3)(i), Florida Statutes, I further certify that the information	1

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chris Eisdorfer & Associates, Inc. 10138 Laurel Road Davie, FL 33328



September 10, 2003

Uniform Business Report Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re: Chris Eisdorfer & Associates, Inc.

FEIN: 65-0471193 Doc # P94000019345 2003 Uniform Business Report

To Whom It May Concern:

We did not receive the prior notice for the Uniform Business Report and due to an address change, did not receive the second notice in time for the proper timing of filing. Please accept our check for \$550.00 as payment in full.

We apologize for any inconvenience this may have caused and thank you for your kind cooperation.

If you have any questions, please contact my executive assistant, Trish McCarty at (954) 224-5149.

Respectfully yours,

Chris Eisdorfer

President