FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90200 001 ***150.00

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	ce of Business	Mailing Address								
25678 SE 7 CT HOMESTEAD FL 33033		25678 SE 7 CT			1			•		
HOMESTEAD	FL 33003	HOMESTEAD FL 33033		•	- }	A COMPANIA THE COURS MARKE SOLLIN MARKE AND	iri Odila arisi	ILATE BARAL I	1848) 6 49) 1 49)	
					}					
2. Principal P	Place of Business	3. Mailing Address				HARAKARA 118 BANK BIRKI BRIDA RAKA AR	isi dayat Aktal	HARM BURNE	ECITY CINCHES	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Stor	le	City & Ctata	City & State		_	TINI		1 14.	oliod Enr	
City & Stat	e recogniser	City a State	City a State		احتك اجمعت	El Number 65-0504625	بسديد سد	~ 	oplied For ot Applicable	
Zip	Country	Zip	Coun	Country) - 1/2 - 1 - 1/2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	¬ \$8	.75 Add		
					5. C	5. Certificate of Status Desired Fee Required				
	6. Name and Address of Curre	nt Registered Agent			7. N	lame and Address of New Regis	tered Age	nt		
MCGOVE	DN 1VCK		Name					•		
	AYSHORE LN		Street Address		ss (P.O. B	ox Number is Not Acceptable)				
MIAMI FL	33133									
_				City			FL	Zip Cod	е	
8. The above	named entity submits this statement	for the purpose of changing it	ts register	ed office or regis	stered age	ent, or both, in the State of Florida	. I am fami	liar with.	and accept	
	tions of registered agent.	. ,	J	3	J	, , , , , , , , , , , , , , , , , , , ,		,	.,	
SIGNATURE .										
SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NC	TE: Registere	d Agent signature requ	uired when rei	instating)	DATE		·	
F	ILE NOW!!! FEE IS \$150.00									
	r May 1, 2003 Fee will be \$550.0	0				 Election Campaign Financi Trust Fund Contribution. 	ing 🗆		0 May Be I to Fees	
Make Check	k Payable to Florida Department	of State			j	rest rand Contribution.		Added	1101663	
10.		ID DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFICE	RS AND DIF	RECTOR:	S IN 11	
TITLE	PD MCGOVERN, JACK	☐ Delete	TITL					Change	Addition	
NAME	1877 S. BAYSHORE LANE		NAM	- I						
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		a -	ET ADDRESS - ST-ZIP						
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NAME			NAMI			-		-		
				ET ADDRESS						
CITY-ST-ZIP	1		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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIS LIVINGE REQUIRED

IGNATURE OF TYPES OF REINVED NAME OF SIGNING OFFICER OR DIRECTOR

1-20103

3052309884 Daytime Phone # (2E034 (10/02)