2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P94000062197

1. Entity Name CNAM INC



Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91500 049 ***150.00

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Principal Place of Business 3401 S. ATLANTIC AVE NEW SMYRNA BCH FL 32169 US		Mailing Address 824 EEL AVE NEW SMYRNA BCH FL 32169 US					
2. Principal P	Place of Business	3. Mailing Address				E1118 11881 11819	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES	
City & State		City & State		4. F	59-3314749		oplied For ot Applicable
Zip	Country	Zip	Country	÷,≂: •5.~(Certificate of Status Desired	\$8.75 Add	ditional d
	6. Name and Address of Current	Registered Agent		7. N	lame and Address of New Registered	Agent	
			Name	-			
Breiner, 824 Eel <i>i</i>	, CHARLES F. Ave	Street Address (F		ss (P.O. B	O. Box Number is Not Acceptable)		
	YRNA BCH FL 32169		~				
TICH ON	1111111 50111 2 02100		City		FL	Zip Cod	e
	named entity submits this statement fo	r the purpose of changing its re	egistered office or regis	stered age	ent, or both, in the State of Florida. I am	amiliar with,	and accept
ino oongat	nons or registered agent.						
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (MOTE: I	Registered Agent signature requ	irod whoo re	instating) DATE		
		ino ma in applicable. (14012.1		THE DOLLAR	instally SAL		
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00				Election Campaign Financing Trust Fund Contribution.		O May Be I to Fees
***	dPayable to Florida Department of						
			11.	AD	DITIONS/CHANGES TO OFFICERS AND	NEECTOR	S IN 11 I
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12. I hereby certify that the information supplied with this filling 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: