

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 APR 24 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

<b>DOCUMENT # P94000088770</b>				1. Entity Name <b>COOK ISLAND SAFARI, INC.</b>	
Principal Place of Business 1310 13TH COURT PALM BEACH GARDENS, FL 33410			Mailing Address 1310 13TH COURT PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0574313</b>	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SPENCER, JOHN 1310 13TH COURT PALM BEACH GARDENS, FL 33410</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is NOT Acceptable)			Street Address (P.O. Box Number is NOT Acceptable)		
City			City		Zip Code
FL			FL		
* 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.		DATE	
				04/21/03--01052--018 **202.50	
FILE NOW!!! FEE IS \$150.00 ARR May 1, 2003. Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOJCIK, FRANK		NAME	JOHN SPENCER	
STREET ADDRESS	3617 N.E. 23RD AVE.		STREET ADDRESS	1310 13TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CALMEN GOLD	
STREET ADDRESS			STREET ADDRESS	11 ACROPOLIS AVE.	
CITY-ST-ZIP			CITY-ST-ZIP	LONDONDERRY, NH 03053	
TITLE		<input type="checkbox"/> Delete	TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GAIL GOLD	
STREET ADDRESS			STREET ADDRESS	11 ACROPOLIS AVE.	
CITY-ST-ZIP			CITY-ST-ZIP	LONDONDERRY, NH 03053	
TITLE		<input type="checkbox"/> Delete	TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	TANA MOUFLOURE	
STREET ADDRESS			STREET ADDRESS	1310 13TH COURT	
CITY-ST-ZIP			CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>John Spencer</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>14 April 2003</i> 772-215-1440	

CR2E034 (10/02)