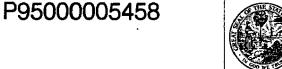
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pr 28, 2003 8:00	am
Secretary of State	e

2003	FOR	PROFIT (CORPORAT	TION
UNIFO	RM B	USINESS	REPORT ((UBR)

DOCUMENT #



SOAPY SUDS, INC. Principal Place of Business Mailing Address 832 NO. FEDERAL HIGHWAY 832 NO. FEDERAL HIGHWAY POMPANO FL 33062 POMPANO FL 33062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Zip Country Country 6. Name and Address of Current Registered Agent FEINBERG, JEFFREY 4651 SHERIDAN STREET STE. 300 HOLLYWOOD FL 33021

		 	111 1 11 1111 1111
JARRI BINI BANI B	899 86 00 8800 8		
	ARRIY BIRAYI BIRKIY B		

CHECK HERE IF MAKING CHANGES

\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

Applied For

Not Applicable

Street Address (P.O. E	lox Number is Not Acce	ptable)		
	<u></u> ,			
City		<u> </u>	Zip Code	

Trust Fund Contribution.

65-0555293

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.

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing \$5.00 May Be Added to Fees

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FREY, DONALD 2851 E. GOLF BLVD #104 POMPANO BEACH FL 33064	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change →	☐ Addition
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TITLE NAME STREET ADDRESS	1	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change	Addition

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP