2002 Uniform Business Report (UBR)		FILED
OCUMENT # P9 Entity Name & O SERVICES, INC.	5000018459	Mar 20, 2002 8:00 am Secretary of State 03-20-2002 90018 043 ***150.00
rincipal Place of Business	Mailing Address	

Signature Signature, typed or printed name of registered agent and title if applicable. Take fling requirement and elects to do so. (See criteria on back) Sireer ADDRES AND DIRECTORS Title NAME PL Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or prin	d For plicable
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Street Address of New Registered Agent Name Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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. SIGNATURE Signature, speed or power name of registered agent and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State ITILE MAME MAME MALDES, RICHARD Delete ITILE MAME MAME MALDES, ODALYS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN STREET ADDRESS CITY-ST-ZP MAME MAME MALDES, ODALYS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN STREET ADDRESS CITY-ST-ZP MAME MAME MALDES, ODALYS	d For plicable
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additing Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALDES, RICHARD Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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. SIGNATURE Signature, typed or predet name or registered agent and tire Lapplicable. (NOTE Registered Agent stocking requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 1. TITLE NAME VALDES, RICHARD STREET ADDRESS 9831 SW 154 AVE CITY-ST-ZIP MIAMI FL 33196 Delete Title	
6. Name and Address of Current Registered Agent VALDES, RICHARD 9831 SW 154 AVE MIAMI FL 33196 City FL Zip Code 6. 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. SIGNATURE Synature, typed or printed name of registered agent and the Lapplicable Tax filling requirement and elects to do so. (See criteria on back) TILE NAME VALDES, RICHARD STREET ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TILE NAME MAME VALDES, RICHARD STREET ADDRESS 11. OFFICERS AND DIRECTORS TILE NAME MAME VALDES, ODALYS TILE Delete TILE NAME VALDES, ODALYS Delete TILE Delete TILE NAME VALDES, ODALYS	
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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. SIGNATURE Signature, typed or printed name of registered agent and title (applicable (NOTE: Registered Agent signature required when reassaling). 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 Change Delete TITLE NAME VALDES, ODALYS Delete TITLE NAME NAME NAME NAME NAME NAME City FL Zip Code Change Code City City Code City	, j
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling). DATE	[
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CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: