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

DOCUMENT # P95000 3060 1

FILED Apr 16, 2004 8:00 am Secretary of State 04-16-2004 90062 013 ***150.00

1. Entity Nam Élega	nt hadies, Inc	^_			04-16-2004 90)62 013 * *	**150.00
DO NOT WRITE IN THIS SPACE					94053838		
2. Principal P	lace of Business	3. Mailing Address Sq me					
23024 Sandalfort Dr Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Boca Rator							
City & State		City & State		4. FEI Number 65-058998/	65-058998/ Not Applicable		
Zip 33428	8 USA Zip		Count		5. Certificate of Status Desired \$8.75 Additional Fee Required		
			Andrews Transport	Name @1	7. Name and Address of Current	Registered A	gent
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	IN THIS SI	PACE			Jan Barrell Market		
. (4				City // /	1 /		Zip Code
		<u> </u>	1	Jarki	ered agent, or both, in the State of Flo	<u>FL</u>	33067
SIGNATURE	ions of registered agent. Signature, typed or printed name of registered age.	nt and title if applicable. (i	NOTE: Registered	Agent signature require	d when reinstating)	DATE	
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	of State			9. Election Campaign Fine Trust Fund Contribution		\$5.00 May Be Added to Fees
10.	OFFICERS AN	Andrew Control Control		a de la composición			
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR