DOCUMENT # P95000032751 Display and the second of the	20 UN	003 FOR PROF	ESS REPOR	ATION T (UBR)	FILED Apr 28, 2003 8:00 am Secretary of State	
INAHO FOOD ENTERPRISES OF DADELAND 2, INC. Pricipal Place of Sulfaces TRO ACTION INLL Sales Apil A dia: Clip & Sale	- · ·		00032751			
Tot DuckLAND Mult Tot DuckLAND Mult FGPS FGPS MARK FL 3356 WARK FL 3356 2. Principal Pace of Buchess 3. Mating Address Suite, Add. 4, etc. Budie, Add. 4, etc. City, A State Budie, Add. 4, etc. City, A State Country 2. Principal Pace of Buchess 3. Mating Address City, A State Country 2. Decretory 4. Reithwords City, A State Country 4. Reithwords State Address of Durose Registered Agent HO, NAN R Steel Access (FLO, Back Number) 700 LOAD Registered Agent Norme and Address of Name Registered Agent HO, NAN R Steel Access (FLO, Back Number) Steel Access (FLO, Back Number) Yee Developed Steel Access (FLO, Back Number) Steel Access (FLO, Back Number) Steel Access (FLO, Back Number) MAM FL 33156 City Steel Access (FLO, Back Number) Steel Access (FLO, Back Number) Steel Access (FLO, Back Number) Yee Developed FLO Steel Access (FLO, Back Number) Steel Access (FLO, Back Number) Steel Access (FLO, Back Number) Yee Developed FLO Developed FLO Steel Access (FLO, Back Number)			DADELAND 2, INC.		04-28-2003 91430 023 130.00	
2. Influe And # and _ groupses	7501 DADELAND MALL 7 FC#9 F MIAMI FL 33156 N		7501 DADELAND MALL FC#3 MIAMI FL 33156			
City & State City						
Country Country <t< td=""><td colspan="2">Suite, Apt. #, etc.</td><td>Suite, Apt. #, etc.</td><td></td><td></td></t<>	Suite, Apt. #, etc.		Suite, Apt. #, etc.			
Zp County Zp County 3. Conflicator 3. Standardination 4. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent HO, NAN R Street Address of New Registered Agent 7. Name and Address of New Registered Agent HO, NAN R Street Address of New Registered Agent 7. Name and Address of New Registered Agent MAM R 133156 City FL Zp Code A. The above named Registered Registered Street Registered Street Registered Agent of New Registered Agent Street Address (PC) Box Number is New Registered Agent Street Address (PC) Box Number is New Registered Agent SCINATURE The Complexity Dept. Street Address (PC) Box Number is New Registered Agent with the State of Florids. I am familiar with and accept Make Check Payabile of Fiorids Department of State (ACTE Registered Agent State) State Find Complexity Department of State 10. OPFICERG AND DIRECTORS 11. AdDITIONS/CHANGES TO OFFICERG AND O	City & State		City & State		4. FEI Number 65-0619691 Applied For	
A. Name and Address of Current Registered Agent A. Name and Address of Current Registered Agent Agent Address of Nov Registered Agent Address of Nov Registered Agent Address (PO, Box Number is Not Acceptable) Chy FL Ze Code Street Address (PO, Box Number is Not Acceptable) Chy FL Ze Code Chy FL Ze Code Street Address (PO, Box Number is Not Acceptable) Chy FL Ze Code Street Address (PO, Box Number is Not Acceptable) Chy FL Ze Code Street Address (PO, Box Number is Not Acceptable) Chy FL Ze Code Street Address (PO, Box Number is Not Acceptable) Street Address Chy FL Ze Code Street Address Chy FL Ze Code Street Address Chy FL Ze Code Street Address Chy FL Street Address Chy FL Street Address Chy FL Street Address Chy FL Street Address Chy Street Address Str	Zip	Country	Zip	Country		
Ho, IVAN R Nome 350e N, KENDALL DR Street Address (P:O. Bax Number is Not Acceptable) MAM RL 33156 CP CP FL CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP CP		6. Name and Address of Curren	t Registered Agent	Ĺ	Fee Hequired	
750 LN. KENDALL DR MMAI FL 33156 Differ Address (F-U Edx Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code Storage (FL) Edx Number is Not Acceptable) City FL Zip Code Storage (FL) Edx Number is Not Acceptable City FL Zip Code Storage (FL) Edx Number is Not Acceptable (FL) City FL Zip Code Storage (FL) Edx Number is Not Acceptable (FL) City FL Zip Code Storage (FL) Edx Number is Not Acceptable (FL) City is Not Acceptable (FL) City is Not Acceptable (FL) City is Not Acceptable (FL) Storage (FL) Edx Number is Not Acceptable (FL) City is Not Acceptable (FL) City is Not Acceptable (FL) City is Not Acceptable (FL) Atter May 1, 2005 Fee vill be Storage (FL) 11. About (FL) Addition (FL) Addition (FL) Max Differ Addition (FL) If Not Acceptable (FL) City is Not Acceptable (FL)			• • • • = • • • • •	· · · · · · · · · · · · · · · · · · ·		
Driv FL Zp Code 8. The above named eithy solv if the second form. The property of the property of the second form. The property of the proproprepretex of the propropred the property of the prop	Street Address (h				(P.O. Box Number is Not Acceptable)	
8. The above named every subjects this statement for the purpose of changing as registered office or registered agent, or both, in the State of Florida. Tam lamilar with, and accept the obligations of registered dates of registered agent, or both, in the State of Florida. Tam lamilar with, and accept the obligations of registered dates of an obligations of registered dates of a state of the obligations of registered dates of the obligation equives date in an advected to Florida. Tam lamilar with, and accept the obligations of registered dates of advected to Florida. Tam lamilar with, and accept the obligations of registered dates of advected to florida. Tam lamilar with, and accept the obligations of registered dates of advected to Florida. Tam lamilar with, and accept the obligation equives date in an obligation equives date in an advected to Florida. Tam lamilar with, and accept the obligation equives date in an advected to Florida. Tam lamilar with, and accept the obligation equives date in anotation. SIGNATURE SIGNATURE DATE SIGNATURE Development of State Internation equives date in an obligation equives date in an obligation equives date in an advected to Florida. Tam lamilar with, and accept the obligation equives date in an advected to Florida. Tam lamilar with, and accept the obligation equives date in an advected to Florida. Tam lamilar with, and accept the obligation equives date in an advected to Florida. Tam lamilar with, and accept the obligation equives date in an advected to Florida. Tam lamilar with, and accept the obligation equives date in an advected to Florida. Tam lamilar with, and accept the obligation equives date in an advected to Florida. Tam lamilar with, and accept the obligation equivalence equives date in an advected to Florida. Tam lamilar with, and accept the obligation equivalence equivale	miami fl					
BIGNATURE Different and a condex spect from the trajectode INCTE: Departed Agent Signature (Rg) (Rd) (Rd) (Rd) (Rd) (Rd) (Rd) (Rd) (Rd						
Support Date Diff Diff FILE NOW!!! FEE & \$150.00 After May 12003 Fee will be \$550.00 S. Election Campaign Financing S. 5.00 May Bo Make Check Payable to FlortSo Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Detet Image Image Addition MMK Title Image Image Addition MMK SIRET ADDRES Image Image Addition ITTLE Detect Image Image Image Addition ITTLE Detect Image Image Image Addition ITTLE Detect Image	the obligations of registered agent.					
Atter Nay, 1, 2003 Fee yill be \$550.00 Make Check Payable to Fronta Department of State 10. OFFICERS AND DIRECTORS 11. Added to Fee 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE Delete MAME THLE 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE Delete MAME THLE 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE Delete MAME THLE STREET ADRESS GTV-ST-2P ITTLE Delete ITTLE Delete<			it and title if applicable. (NOTE	E: Registered Agent signature require	ad when reinstating) DATE	
TITLE D Delete TITLE Change Addition NMME STRET ADDRESS GTV-ST-2P Change Addition TITLE Delete TITLE Change Addition NMME STRET ADDRESS GTV-ST-2P Change Addition TITLE Delete TITLE Change Addition NMME STRET ADDRESS GTV-ST-2P Change Addition NMME STRET ADDRESS GTV-ST-2P Change Addition NMME Delete TITLE Change Addition NMME STRET ADDRESS GTV-ST-2P Change Addition STRET ADDRESS GTV-ST-2P Change Addition Change Addition NMME Delete TITLE NMME Change Addition NMME Delete TITLE Change Addition NMME Delete TITLE Change Addition NMME STRET ADDRESS CTV-ST-2P Change Addition TITLE Delete TITLE Change	Afte	r May 1, 2003 Fee will be \$550.00	of State		Trust Fund Contribution.	
STRET ADDRESS 7501 N KENDALL DR FC3 STRET ADDRESS CITV-ST-2P		· · · · · · · · · · · · · · · · · · ·				
OTV-ST-2P MIAMI FL 33156 OTV-ST-2P OTV-ST-2P TITLE Delete TITLE Change Addition NAME STREET ADDRESS OTV-ST-2P OTV-ST-2P OTV-ST-2P TITLE Delete TITLE Otherses Otherses OTV-ST-2P OTV-ST-2P OTV-ST-2P Otherses Otherses Otherses OTV-ST-2P Otherse TITLE Otherse Otherses Otherses Otherses OTV-ST-2P Otherse Otherse Otherses Otherses Otherses Otherses Otherse	NAME	HO, IVAN R		NAME		
NME INME STREET ADDRESS Change Addition STRET ADDRESS CTIV-ST-2P Change Addition TTLE Delate TTLE Change Addition STRET ADDRESS CTIV-ST-2P Change Addition TTLE Delate TTLE Change Addition STRET ADDRESS CTIV-ST-2P CTIV-ST-2P CTIV-ST-2P TTLE Delate TTLE Change Addition NAME STRET ADDRESS CTIV-ST-2P CTIV-ST-2P TTLE Delate TTLE Change Addition NAME STRET ADDRESS CTIV-ST-2P CTIV-ST-2P CTIV-ST-2P TTLE Delate TTLE Change Addition NAME STRET ADDRESS CTIV-ST-2P CTIV-ST-2P TTLE Delate TTLE Change Addition NAME STRET ADDRESS CTIV-ST-2P CTIV-ST-2P CTIV-ST-2P TTLE Delate TTLE Change Addition NAME STRET ADDRESS CTIV-ST-2P CTIV-ST-2P CTIV-ST-2P TTLE Delate TTLE Change Addition NAME STRET ADDRESS CTIV-ST-2P					۵۵. پرون	
CITY-ST-2P CITY-ST-2P ITTLE Delate NMME STREET ADDRESS CITY-ST-2P CITY-ST-2P ITTLE Delate NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P ITTLE Delate NAME STREET ADDRESS CITY-ST-2P CITY-ST-2P ITTLE Delate NAME STRET ADDRESS CITY-ST-2P CITY-ST-2P ITTLE Delate TTLE NAME STRET ADDRESS CITY-ST-2P ITTLE Delate TTLE NAME STRET ADDRESS CITY-ST-2P ITTLE Delate TTLE NAME STRET ADDRESS CITY-ST-2P ITT			🗋 Delete		□ Change □ Addition ♂	
TILE Delete TILE Change Addition NME STREET ADDRESS GTV-ST-2IP CTV-ST-2IP CTV-ST-2IP HTLE Delete TTLE Change Addition NAME Delete TTLE Change Addition NAME STREET ADDRESS CTV-ST-2IP CTV-ST-2IP CTV-ST-2IP TTLE Delete TTLE CTV-ST-2IP CTV-ST-2IP Addition TTLE Delete TTLE CTV-ST-2IP CTV-ST-2IP CTV-ST-2IP TTLE Delete TTLE CTV-ST-2IP CTV-ST-2IP CTV-ST-2IP CTV-ST-2IP TTLE Delete TTLE CTV-ST-2IP CTV-ST-2IP <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>						
STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-2IP ITILE Delete NAME NAME STREET ADDRESS CITY-ST-2IP ITILE Delete NAME STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP ITILE Delete NAME STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TTILE Delete NAME STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ITILE Delete TITLE	_		Delete		Change Addition	
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition ITTLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete TITLE CHANGE Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE ITLE Delete TITLE Change Addition ITLE Delete TITLE CHY-ST-ZIP CHY-ST-ZIP ITLE Delete TITLE Change Addition	STREET ADDRESS	ارام المناصر المير الم الم		STREET ADDRESS	in an	
STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete TITLE CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITTLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ithereby certify theit the information schop	TITLE		Delete	I TITLE	Change C Addition	
NAME STREET ADDRESS CITY- ST-ZIP CITY- ST-ZIP TITLE Delete NAME CITY- ST-ZIP TITLE Delete NAME STREET ADDRESS CITY- ST-ZIP Delete TITLE Delete NAME STREET ADDRESS CITY- ST-ZIP Change 12. I hereby certify the 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 expert is tube 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 the tot 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 excluss, where the other like empowered. SIGNATURE: STREE REQUIRED 4-24-03 305-868-446.8	STREET ADDRESS			STREET ADDRESS		
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME TITLE Delete STREET ADDRESS CITY-ST-ZIP ITTLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify thet the information subplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the corporation or the receiver or thete 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 excluss, where the information with an excluss, where the series of the empowered. SIGNATURE: STREE REQUIRED 4-24-03 305-868-446.8					Change [] Addition ^f	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 12. I hereby certify the 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 those mpowered 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 accurate site of the empowered. SIGNATURE: STREE REQUIRED 4-21-03 305-868-446.8	STREET ADDRESS			STREET ADDRESS	ž	
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 12. I hereby certify 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 supplementar 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 the true impowered 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 increase, where the time empowered. SIGNATURE: STREET ADDRESD 4-21-03 305-868-446.8				I (Change [] Addition	
 12. I hereby certify 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 the 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 those 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 accurate and the empowered. SIGNATURE: SIGNATURE: SIGNATURE: 	STREET ADDRESS		<pre>()</pre>	STREET ADDRESS		
SIGNATURE: X SKARA (IRE) REQUIRED 4-4-03 305-868-4468	12. I hereby certify their 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 the 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 trottay 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 appears, the effect have other in the effect.					
			IRE)REQUIR		4-21-03 305-868-4168	