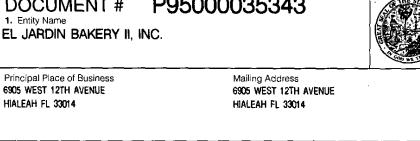
## **FILED** May 02, 2003 8:00 am Secretary of State

05-02-2003 90116 035 \*\*\*150.00

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

P95000035343 DOCUMENT #



HIALEAH FL 33014			HIALEAH FL 33014								1868 (111 188)	
							}					
2. Principal F	lace of Busin	ness	3. Mailing Address							<b>iri rii ()</b>		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te		City & State				4.	FEI Number of OFO400F		TAI	oplied For	
			<del> </del>					65-0594285			ot Applicable	
Zip		Country	Zìp			Country		Certificate of Status Desired		<b>\$8.75</b> Add Fee Require	ditional d	
6. Name and Address of Current Registered Agent								-7. Name and Address of New Registered Agent				
GONZALE	z, Francis	CO J				Name						
12539 41-43 B OCKEECHOBEE RD							Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH I	FL 33016											
						City			FL	Zip Cod	e	
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, are											and accept	
the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOWILL FEE IS \$150.00												
Afte	May 1, 200	3 Fee will be \$550.00 Florida Department o	f Ctota	State				<ol> <li>Election Campaign Financial Trust Fund Contribution.</li> </ol>	cing $\Box$	\$5.0 Added	<b>0</b> May Be I to Fees	
10.		OFFICERS AND		pe .	11.			ADDITIONS/CHANGES TO OFFICE	DC AND	DIDECTOR	2 (8) 44	
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		T 12TH AVENUE				et address						
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CITY-ST-ZIP						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. FRANCISE GONDALES

DIRECTOR

SIGNATURE:

Daytime Phone #