FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P950000 35922

1. Entity Name

Tue Captar Alegania



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90470 015 ***150.00

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 the obligations of registered agent. Signature: S	ode
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Suite 103 City Minmi Lakes FL Zip C 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 the obligations of registered agent. SIGNATURE Signature, typed or printed rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1; Fee is \$150.00 After May 1; Fee is \$150.00 After May 1; Fee is \$51.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME PRESIDENT PRESIDENT STREET ADDRESS 15450 New BARN Load Suite 105 CITY Minmi Lakes FL Zip C	
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2. 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 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 office of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that I am an office	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #