DOCUMENT # P95000038755 (1) SONNY PHAM INTERIOR, INC. Proceed Phase of Burnes Matter Address Box SW DTV STREET DWE R 53038009 Matter Address 20 Construct Phase of Burnes Burnes Address 20 Construct Phase of Burnes Burnes Address 20 Construct Phase of Burnes Burnes Address 20 Construct Phase of Burnes Phase Address of Burnes 20 Construct Phase of Burnes Phase Address of Burnes 20 Construct Phase of Burnes Phase Address of Burnes 20 Construct Phase Of Burnes Phase Address of Burnes 20 Construct Phase Of Burnes Phase Address of Burnes 20 Construct Phase Of Burnes Phase Address of Burnes 20 Construct Phase Of Burnes Phase Address of Burnes 20 Construct Phase Of Burnes Phase Address of Burnes 20 C	P CORF ANNU/	NOW: FILING PORATION AL REPORT		FLORIDA DEPA Sandra Secreta	RTMENT OF STATE B. Mortham ary of State CORPORATIONS			
Prompt Rever of Busines Mail's Actives Built SM STM STREET DAVE FL 33326018 Same SM STM STM STREET DAVE FL 33326018 Same SM STM STM STREET DAVE FL 33326018 Same SM STM STM STM STM STM ALP FL ACCOUNTS Same SM ALP FL ACCOUNTS	1. Corporation 1	Nanté		8755 (1)			
2. Principal Pure of Divides 2. Principal Pure of Divides 3. Stop, Adv. 4, etc. 2. Stop	8231 S.W. 577	Th street	62	231 S.W. 57TH STREE	Э Т		NATA ma rka moran ter a t tana tan	(UT UTHUT UTHE TUBE
SUME, Apr. #, etc. Sume, A					_ _	05/15/1995	3a. Date of Last R	leport
SUME, Apr. #, etc. Sume, A		ce of Business のらいら5々	V 28. M	Mailing Address	W 55AU		38558	
Core & State County Ellip DAU/E FL Ellip Added to Fees 20 DAU/E FL Ellip DAU/E FL Ellip Added to Fees 21 To 333 I (4) Ellip Ellip County Ellip The conception has balling for humpshe has under a flog 032. 22 To 333 I (4) Ellip Ellip The conception has balling for humpshe has under a flog 032. 23 The conception has balling for humpshe has under a flog 032. The conception has balling for humpshe has under a flog 032. 24 Street Adgress (PO. Box Number is Not Acceptible) The conception has balling for humpshe has under a flog 032. 25 Street Adgress (PO. Box Number is Not Acceptible) Ellip 26 Street Adgress (PO. Box Number is Not Acceptible) Ellip 27 OFACES AND DIFFICIONS Flog 04 or difference digener digener digener digener digener difference digener digene digene digener digener digener digene digener digene		, etc.		Suite, Apt. #, etc.			\$8.75	Additional
22 333 [4] [23] [29] [333 [4] [30] Funda Statutes No No PHAM, SONNY 10, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 10, Name and Address of New Registered Agent PHAM, SONNY 521 (5.W. STH STREET) 511 (2.W. STH STREET) 62 511 (2.W. STH STREET) DAVIE FL 33328-6018 64 City FL 65 20 Codo 11. Pursuant to the provisions of Succions 607 (0002 and 007 1508, Fordis Statutes, the advone named concreation submits this determent for the purpose of changing its registered office, or registered agent, or both, it has bale of Fordis Statutes, the advone named concreation submits the advection is registered office, or conclusions bad of decisions. The state and the advisions of Succion 107 (2008, Fordis Statutes, the advone named concreation submits the advection in the state and material to the purpose of changing its registered office, or conclusions bad of decisions. The state advection is registered agent. I am the instrumentation of the concreation submits the advection in the state advection. The state advection is registered agent. I am the instrumentation of the concreation is the advection in the state advection. The state advection is registered agent. I am the instrumentation of the state advection. The state advection is registered agent. I am the instrumentation of the advection. The state advection is registered advection. The state advection is registered agent. I am the instrumentation of the advection. The state advection is registered advection. The state advection is registered advection. The state advection of the advection. The state advection of the advection. T	City & State	VIE FL			FL ·		\$5.0	0 May Be
			<u> </u>	22214				199.032,
PHAM, SONNY B231 S.W. 57TH STREET DAVIE FL 33328-0018 §				red Agent	1			
Image: second control of the provisions of Sectors 607,0502 and 607,1508, Fordia Statutes, the above named comportation submits this statement for the purpose of changing its registered digent, c toolt, in the State of Fordia. Such change was authorized by the comportation's board of directors. Interesty accept the appointment as registered agent, I am family with, indications of Sectors 607,0502 and 607,1508, Fordia Statutes, the above named comportation's board of directors. Interesty accept the appointment as registered agent, I am family with, indications of Sectors 807,055,070,000 and 100 interest of the appointment as registered agent. I am family with, indications of registered registered agent agent, is a state to compare and the insplantation. Solid Registered agent agent and the insplantation of the insplantation. Solid Registered agent agent, is a state to compare and the insplantation. Solid Registered agent agent, is a state to compare agent, is a state to compare agent and the insplantation. Solid Registered agent agent, is a state to compare agent agent, is a state to compare agent and the insplantation. Solid Registered agent agent, is a state to compare agent agent agent agent agent. It and the insplantation of the insplantation of the insplantation. Solid Registered agent agent, is a state to compare agent agent agent agent agent. It and the insplantation of the insplantation of the insplantation of the insplantation. Solid Registered agent	8231 S.W	V. 57TH STREET			82 Street Addr	ess (P.O. Box Number is Not Accepta	able)	
bit registered agent, or both, in the State of Honde Subch range was sufforced by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familie within an obligation: of socion 607 JOSE, Prode Statutes. Date SIGNATURE								
Bigeness, lipid to provide random registration and the registration DAIL 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14 distor TILF D DELETE 1.1 Inite Change Nadistor STRET ADDRESS B231 S.W. STH STREET 13 STRET ADDRESS Change Addition NME DATE Change Addition Change Addition NME DATE 22 NAME Change Addition NME DELETE 2.1 Inite Change Addition NME DATE FL 33328-6018 14 Citry: S1: 2P Change Addition NME 2.2 NAME 2.2 NAME Change Addition NME DELETE 3.1 Inite Change Addition NME 2.2 NAME 3.3 STRET ADDRESS Change Addition NME DELETE 3.1 Inite Change Addition NAME 3.3 STRET ADDRESS 3.3 STRET ADDRESS Change Addition STRET ADDRESS 3.3 STRET ADDRESS					,			
Lint size Intel Conception Addition Change Addition NAME 22 NAME Change Addition SIREL ADDRESS 23 SIREL ADDRESS Change Addition CITV_ST-ZP 24 CITV_ST-ZP Change Addition NAME DELETE 31 TITLE Change Addition NAME 32 SIREL ADDRESS 33 SIREL ADDRESS CitV_ST-ZP CITV_ST-ZP 34 CITV_ST-ZP Change Addition NAME 32 SIREL ADDRESS 33 SIREL ADDRESS CitV_ST-ZP CITV_ST-ZP 34 CITV_ST-ZP Change Addition NAME DELETE 4 TITLE Change Addition NAME 32 SIREL ADDRESS CitV_ST-ZP Change Addition NAME DELETE 4 TITLE Change Addition NAME DELETE 5 TITLE Change Addition NAME DELETE 5 TITLE Change Addition NAME SIREL ADDRESS SIREL ADDRESS CitV_ST-ZP Change Addition TITLE DELETE 5 TITLE <th>or registered familiar with,</th> <th>d acient, or both, in the State</th> <th>e of Florida. Such c</th> <th>change was authorize</th> <th>s, the above-named corpor</th> <th>ation submits this statement for the p d of directors. I hereby accept the ap</th> <th>urpose of changing its (</th> <th>registered office</th>	or registered familiar with,	d acient, or both, in the State	e of Florida. Such c	change was authorize	s, the above-named corpor	ation submits this statement for the p d of directors. I hereby accept the ap	urpose of changing its (registered office
Lint size Intel Conception Addition Change Addition NAME 22 NAME Change Addition SIREL ADDRESS 23 SIREL ADDRESS Change Addition CITV_ST-ZP 24 CITV_ST-ZP Change Addition NAME DELETE 31 TITLE Change Addition NAME 32 SIREL ADDRESS 33 SIREL ADDRESS CitV_ST-ZP CITV_ST-ZP 34 CITV_ST-ZP Change Addition NAME 32 SIREL ADDRESS 33 SIREL ADDRESS CitV_ST-ZP CITV_ST-ZP 34 CITV_ST-ZP Change Addition NAME DELETE 4 TITLE Change Addition NAME 32 SIREL ADDRESS CitV_ST-ZP Change Addition NAME DELETE 4 TITLE Change Addition NAME DELETE 5 TITLE Change Addition NAME DELETE 5 TITLE Change Addition NAME SIREL ADDRESS SIREL ADDRESS CitV_ST-ZP Change Addition TITLE DELETE 5 TITLE <th>or registered familiar with, SIGNATURE</th> <td>d agent, or both, in the State , and accept the obligations grature, typed or printed name of regist</td> <td>e of Florida. Such o of, Section 607.05 tereo agent and title if app</td> <td>shange was authorize 505, Florida Statutes.</td> <td>s, the above-named corpor d by the corporation's boa</td> <td>d of directors. I hereby accept the ap</td> <td>PL urpose of changing its i pointment as registered</td> <td>egistered office I agent. I am</td>	or registered familiar with, SIGNATURE	d agent, or both, in the State , and accept the obligations grature, typed or printed name of regist	e of Florida. Such o of, Section 607.05 tereo agent and title if app	shange was authorize 505, Florida Statutes.	s, the above-named corpor d by the corporation's boa	d of directors. I hereby accept the ap	PL urpose of changing its i pointment as registered	egistered office I agent. I am
Lint size Intel Conception Addition Change Addition NAME 22 NAME Change Addition SIREL ADDRESS 23 SIREL ADDRESS Change Addition CITV_ST-ZP 24 CITV_ST-ZP Change Addition NAME DELETE 31 TITLE Change Addition NAME 32 SIREL ADDRESS 33 SIREL ADDRESS CitV_ST-ZP CITV_ST-ZP 34 CITV_ST-ZP Change Addition NAME 32 SIREL ADDRESS 33 SIREL ADDRESS CitV_ST-ZP CITV_ST-ZP 34 CITV_ST-ZP Change Addition NAME DELETE 4 TITLE Change Addition NAME 32 SIREL ADDRESS CitV_ST-ZP Change Addition NAME DELETE 4 TITLE Change Addition NAME DELETE 5 TITLE Change Addition NAME DELETE 5 TITLE Change Addition NAME SIREL ADDRESS SIREL ADDRESS CitV_ST-ZP Change Addition TITLE DELETE 5 TITLE <th>or registered familiar with, SIGNATURE</th> <td>d agent, or both, in the State , and accept the obligations ignature, typed or printed name of regist OFFICE</td> <td>e of Florida. Such o of, Section 607.05 tereo agent and title if app</td> <td>shange was authorize 505, Florida Statutes. Maable. (NOT ORS</td> <td>s, the above-named corpor d by the corporation's boa E. Registered Agent signature require 13.</td> <td>d of directors. I hereby accept the ap</td> <td>PL U urpose of changing its pointment as registered DATE FIGERS AND DIRECTO</td> <td>egistered office I agent. I am</td>	or registered familiar with, SIGNATURE	d agent, or both, in the State , and accept the obligations ignature, typed or printed name of regist OFFICE	e of Florida. Such o of, Section 607.05 tereo agent and title if app	shange was authorize 505, Florida Statutes. Maable. (NOT ORS	s, the above-named corpor d by the corporation's boa E. Registered Agent signature require 13.	d of directors. I hereby accept the ap	PL U urpose of changing its pointment as registered DATE FIGERS AND DIRECTO	egistered office I agent. I am
TITLE DELETE 2.1 TITLE Change Addition O NMK 22 NAME 23 STREET ADDRESS 23 STREET ADDRESS O Addition O STREET ADDRESS 23 STREET ADDRESS 23 STREET ADDRESS O Addition O NMM 31 STREET ADDRESS 33 STREET ADDRESS O Addition O STREET ADDRESS 33 STREET ADDRESS O Addition O Addition NAME 32 NAME 34 CITY-ST-2P Addition O Addition O NAME 32 STREET ADDRESS 33 STREET ADDRESS O Change Addition NAME DELEFIE 41 TITLE Change Addition O NAME DELEFIE 41 TITLE Change Addition NAME 22 NAME STREET ADDRESS O O O STREET ADDRESS 0 DELEFIE 41 TITLE Change Addition NAME 22 NAME STREET ADDRESS STREET ADDRESS O O STREET ADDRESS 0 DELEFIE 51 TITLE Change Addition	or registered familiar with, SIGNATURE	d egent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY	of Florida. Such o of, Section 607.05 hered agent and life if app ERS AND DIRECT	shange was authorize 505, Florida Statutes. Maable. (NOT ORS	s, the above-named corpor d by the corporation's boa E: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME	d of directors. I hereby accept the ap	PL U urpose of changing its pointment as registered DATE FIGERS AND DIRECTO	egistered office I agent. I am
STREET ADDRESS 23 STREET ADDRESS CITV_ST-ZIP 24 CITV_ST-ZIP TITLE DELETE STREET ADDRESS 33 STREET ADDRESS STREET ADDRESS 33 STREET ADDRESS TITLE DELETE STREET ADDRESS 33 STREET ADDRESS STREET ADDRESS 33 STREET ADDRESS STREET ADDRESS 34 CITV_ST-ZIP TITLE DELETE NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY_ST-ZIP 44 CITY_ST-ZIP TITLF DELETE NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY_ST-ZIP 44 CITY_ST-ZIP NAME DELETE STREET ADDRESS 53 STREET ADDRESS CITY_ST-ZIP 44 CITY_ST-ZIP NAME 53 STREET ADDRESS CITY_ST-ZIP 54 CITY_ST-ZIP TITLE Change Addition NAME 62 NAME Change Addition STREET ADDRESS 53 STREET ADDRESS CITY_ST-ZIP Change Addition STREET ADDRESS 63 STREET ADDRES	SIGNATURE	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	shange was authorize 505, Florida Statutes. Maable. (NOT ORS	s, the above-named corpor d by the corporation's boa E. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	d of directors. I hereby accept the ap	PL U urpose of changing its pointment as registered DATE FIGERS AND DIRECTO	registered office I agent. I am DRS IN 12
CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE STRET ADDRESS 33 STRET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME STRET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 41 TITLE CITY-ST-ZIP Addition NAME STRET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP HILF DELETE STRET ADDRESS CITY-ST-ZIP STRET ADDRESS CITY-ST-ZIP JILE DELETE STRET ADDRESS CITY-ST-ZIP SA CITY-ST-ZIP	SIGNATURE	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	shange was authorize 505, Florida Statutes. (NOT ORS DELETE	s, the above-named corpor d by the corporation's boat E. Repstered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	d of directors. I hereby accept the ap	PL	egistered office I agent. I am DRS IN 12
TITLE DELETE 3 1 TITLE Change Addition NAME 32 NAME 33 STREET ADDRESS 33 STREET ADDRESS City - S1 - 2P STREET ADDRESS 34 City - S1 - 2P Change Addition TITLE DELETE 4 1 TITLE Change Addition NAME DELETE 4 1 TITLE Change Addition NAME 42 NAME Change Addition STREET ADDRESS 43 STREET ADDRESS City - S1 - 2P Change Addition NAME 42 NAME 44 City - S1 - 2P Change Addition TITLE DELETE 5 1 TITLE Change Addition NAME STREET ADDRESS S3 STREET ADDRESS City - S1 - 2P Change Addition NAME DELETE S 1 TITLE Change Addition NAME S3 STREET ADDRESS S3 STREET ADDRESS City - S1 - 2P Change Addition NAME DELETE 6.1 TITLE Change Addition S1 RET ADDRESS S3 STREET ADDRESS S1 RET ADDRESS S1 RET ADDRESS S1 RET ADDRESS S1 RET ADDRESS S1 R	SIGNATURE 12. TILE NAME STREELADDRESS CITY-ST-ZIP TILE NAME	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	shange was authorize 505, Florida Statutes. (NOT ORS DELETE	s, the above-named corpor d by the corporation's boar E. Peopstered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	d of directors. I hereby accept the ap	PL	egistered office I agent. I am DRS IN 12
STREET ADDRESS 33 STREET ADDRESS CITY-S1-2/P 34 CITY-S1-2/P TITLE Change Addition NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-S1-2/P 44 CITY-S1-2/P TITLF Change Addition NAME 52 NAME STREET ADDRESS 44 CITY-S1-2/P TITLF Change Addition NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-S1-2/P 54 CITY-S1-2/P TITLE Change Addition NAME 53 STREET ADDRESS 53 STREET ADDRESS CITY-S1-2/P 54 CITY-S1-2/P 54 CITY-S1-2/P TITLE Change Addition NAME 63 STREET ADDRESS 63 STREET ADDRESS CITY-S1-2/P 64 CITY-S1-2/P 64 CITY-S1-2/P TITLE Change Addition NAME 63 STREET ADDRESS 63 STREET ADDRESS CITY-S1-2/P 64 CITY-S1-2/P 64 CITY-S1-2/P 14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the ex	SIGNATURE 12. TILE NAME STREEL ADDRESS CITY-ST-ZIP TILE NAME STREEL ADDRESS	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	shange was authorize 505, Florida Statutes. (NOT ORS DELETE	s, the above-named corpor d by the corporation's boar E: Pepstered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	d of directors. I hereby accept the ap	PL	egistered office I agent. I am DRS IN 12
CITY-S1-ZIP 34 CITY-S1-ZIP TITLE DELETE 4.1 TITLE NAME 42 NAME STREET ADDRESS 43 STREET ADDRESS CITY-S1-ZIP 44 CITY-S1-ZIP TITLF DELETE STREET ADDRESS 53 STREET ADDRESS CITY-S1-ZIP 44 CITY-S1-ZIP TITLF DELETE STREET ADDRESS 53 STREET ADDRESS CITY-S1-ZIP 54 CITY-S1-ZIP TITLE S1 STREET ADDRESS CITY-S1-ZIP 54 CITY-S1-ZIP TITLE DELETE STREET ADDRESS 53 STREET ADDRESS CITY-S1-ZIP 54 CITY-S1-ZIP TITLE Change Addition 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-S1-ZIP 63 STREET ADDRESS CITY-S1-ZIP 64 CITY-S1-ZIP TA I do hereby certify that the information supplied with this fing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report or supplem	SIGNATURE 12. TILE NAME STREEL ADDRESS CITY-ST-ZIP TILE NAME STREEL ADDRESS CITY-ST-ZIP	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	Shange was euthorize 505, Florida Statutes.	S. the above-named corpor d by the corporation's boar E. Registered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	d of directors. I hereby accept the ap		egistered office l agent. I am DRS IN 12 Addition
11/LE DELETE 4.1 titLE Change Addition NAME 42 NAME 42 NAME 13 STREET ADDRESS 43 STREET ADDRESS CITY - ST- 2IP 44 CITY - ST- ZIP 44 CITY - ST- ZIP 11 LE Change Addition NAME DELETE 5.1 TITLE Change Addition STREET ADDRESS DELETE 5.1 TITLE Change Addition STREET ADDRESS 53 STREET ADDRESS 53 STREET ADDRESS CitY - ST-ZIP NAME DELETE 6.1 TITLE Change Addition NAME DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS Change Addition STREET ADDRESS 5.3 STREET ADDRESS Change Addition NAME DELETE 6.1 TITLE Change Addition NAME STREET ADDRESS 6.3 STREET ADDRESS Change Addition STREET ADDRESS 6.3 STREET ADDRESS Change Addition 11L I. do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(SIGNATURE 12. TILE NAME STREELADDRESS CITY_ST-ZIP TILE NAME STREELADDRESS CITY_ST-ZIP TILE NAME	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	Shange was euthorize 505, Florida Statutes.	S, the above-named corpor d by the corporation's boat E: Perstered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	d of directors. I hereby accept the ap		egistered office l agent. I am DRS IN 12 Addition
STREET ADDRESS 4.3 STREET ADDRESS CITY - S1 - ZIP 4.4 CITY - ST - ZIP TITLF DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - S1 - ZIP 5.3 STREET ADDRESS CITY - S1 - ZIP 5.4 CITY - ST - ZIP HILE DELETE BEET ADDRESS 5.4 CITY - ST - ZIP HILE DELETE STREET ADDRESS 6.1 TITLE CITY - ST - ZIP 6.1 TITLE BEET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP HILE DELETE 6.1 TITLE LIT - ST - ZIP 6.4 CITY - ST - ZIP HILE Change Addition NAME 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is rup and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is supplemental annual report is supplemental annual report is trup and accurate and that my signature sha	SIGNATURE 12. TILE NAME STREEL ADDRESS CITY - ST- ZIP TILE NAME STREEL ADDRESS CITY - ST- ZIP TILE NAME STREEL ADDRESS	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	Shange was euthorize 505, Florida Statutes.	S, the above-named corpor d by the corporation's boat E: Pagistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	d of directors. I hereby accept the ap		egistered office l agent. I am DRS IN 12 Addition
CITY-SI-ZIP 44 CITY-SI-ZIP TITLF DELETE STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-ZIP 5.4 CITY-SI-ZIP TITLE Change DELETE 5.1 TITLE STREET ADDRESS 5.3 STREET ADDRESS CITY-SI-ZIP 5.4 CITY-SI-ZIP TITLE DELETE BELETE 6.1 TITLE CITY-SI-ZIP Change Addition NAME 6.2 NAME STREET ADDRESS Change CITY-SI-ZIP 6.1 TITLE CITY-SI-ZIP Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-SI-ZIP 6.4 CITY-SI-ZIP 11. Job hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under	SIGNATURE 12. TILE NAME STREET ADDRESS CITY - ST- ZIP TILE NAME STREET ADDRESS CITY - ST- ZIP TILE NAME STREET ADDRESS CITY - ST- ZIP	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	Shange was authorize 505, Florida Statutes. (NOT ORS DELETE	S, the above-named corpor d by the corporation's boat E: Pagistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	d of directors. I hereby accept the ap		egistered office l agent. I am IRS IN 12 Addition Addition
TIFLF DELETE 5.1 TIFLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS Street ADDRESS CITY - ST- ZiP 5.4 CITY - ST- ZiP 5.4 CITY - ST- ZiP Addition TIFLE DELETE 6.1 TIFLE Change Addition NAME DELETE 6.1 TIFLE Change Addition STREET ADDRESS 6.3 STREET ADDRESS Change Addition STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZiP Change Addition 11/L 5// - ST- ZiP 6.4 CITY - ST- ZiP 6.4 CITY - ST- ZiP Street ADDRESS CITY - ST- ZiP Street ADDRESS	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	Shange was authorize 505, Florida Statutes. (NOT ORS DELETE	S. the above-named corpor d by the corporation's boat E. Pegistered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE	d of directors. I hereby accept the ap		egistered office l agent. I am IRS IN 12 Addition Addition
STREET ADDRESS 5.3 STREET ADDRESS CITY - ST- ZiP 5.4 CITY - ST- ZiP TITLE DELETE 0.11 - ST- ZiP 6.1 TITLE NAME Change STREET ADDRESS 6.3 STREET ADDRESS CITY - ST- ZiP 6.3 STREET ADDRESS CITY - ST- ZiP 6.3 STREET ADDRESS CITY - ST- ZiP 6.4 CITY - ST- ZiP 14. I do hereby certify that the information suppled with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is rup and accurate and that my signature shall have the same legal effect as if made under	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	Shange was authorize 505, Florida Statutes. (NOT ORS DELETE	S. the above-named corpor d by the corporation's boat E. Registered Agent signature require 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2. 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	d of directors. I hereby accept the ap		egistered office l agent. I am IRS IN 12 Addition Addition
CITY-ST-ZIP 5.4 CITY-ST-ZIP h1LE DELETE NAME Change STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information suppled with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is rup and accurate and that my signature shall have the same legal effect as if made under	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	Shange was authorize Stotation (NOTO) ORS DELETE DELETE DELETE DELETE	S. the above-named corpor d by the corporation's boat E. Pegstered Agent signature require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	d of directors. I hereby accept the ap		egistered office l agent. I am IRS IN 12 Addition Addition
TillE DELETE 6.1 TillE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZiP 6.4 CITY-ST-ZiP 6.4 CITY-ST-ZiP 14. I do hereby certify that the information supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is rup and accurate and that my signature shall have the same legal effect as if made under the same legal ef	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	Shange was authorize Stotation (NOTO) ORS DELETE DELETE DELETE DELETE	S. the above-named corpor d by the corporation's boat E. Registered Agent signature require 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-S1-ZIP 2. 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP 5.1 TITLE	d of directors. I hereby accept the ap		egistered office l agent. I am IRS IN 12 Addition Addition
NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST- ZiP 6.4 CITY - ST- ZiP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under th	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	Shange was authorize Stotation (NOTO) ORS DELETE DELETE DELETE DELETE	s, the above-named corpor d by the corporation's boar 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2. 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	d of directors. I hereby accept the ap		egistered office l agent. I am IRS IN 12 Addition Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	Shange was authorize Statutes. Statutes. ORS DELETE DELETE DELETE DELETE DELETE	s, the above-named corpor d by the corporation's boar 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	d of directors. I hereby accept the ap		egistered office lagent. I am
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	Shange was authorize Statutes. Statutes. ORS DELETE DELETE DELETE DELETE DELETE	s, the above-named corpor d by the corporation's boar 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2. 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	d of directors. I hereby accept the ap		egistered office lagent. I am
certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	d agent, or both, in the State , and accept the obligations granke, typed or printed name of regist OFFICE CI PHAM, SONNY 8231 S.W. 57TH STRE	a of Florida. Such o of, Section and Infe if app ERS AND DIRECT	Shange was authorize Statutes. Statutes. ORS DELETE DELETE DELETE DELETE DELETE	s, the above-named corpor d by the corporation's boar 13. 1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2. 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	d of directors. I hereby accept the ap		egistered office lagent. I am
even, mat har an an enderer of the corporation of the receiver	SIGNATURE 12. TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	d agent, or both, in the State , and accept the obligations OFFICE D PHAM, SONNY 8231 S.W. 57TH STRE DAVIE FL 33328-6018	e of Florida. Such o of, Section 607.05 tereo agent and life if arr ERS AND DIRECT	Stange was authorize 505, Florida Statutes.	s, the above-named corpor d by the corporation's boar 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	rd of directors. I hereby accept the ap		egistered office lagent. I am IRS IN 12 Addition Addition