2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P95000049719 **DOCUMENT #** PALM BEACH GROUP INVESTMENT, INC.



Jan 27, 2003 8:00 am Secretary of State
01-27-2003 90249 047 ***150.00 **FILED**

Zip Country Zip Country 5. Certificate of Status Desire \$8.75 Additiona Fee Required \$8.7						A COUNTY	TELST						
Sulio, Apt. #, etc. Sulio, Ap	PO BOX 43 BOCA RATON FL 33429			PO BŌX 43 BOCA RATON FL 33429									
City & State Country Zip Country Zip Country Zip Country E. Certificate of Status Desired Sc. 75. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. LERNER & KUSTON, P.A. 211 W. BROWARD BLVD, STE 375 PLANTATION FL 33324 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Make Check Payable to Floridab Department of State NOW. BIERTADNESS CITY ST. 2P FORT LUIDERDALE FL 33324 TITE MANE SIRET ADDRESS CITY-ST. 2P Charpe C	2. Principal P	Place of Busin	ess	3. Mailing Address	J. Mailing Address			1 (0.7)(0.8) 1		(8211) (6 11) 3 3	THE BUILD IN THE PROPERTY OF T	21 416 411 484	
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Country Zip Country St. Certificate of Status Desired \$8.75 Additional Series \$8.75	City & State			City & State			4.	4. FEi Number 65-0609242 Applied For Not Applied by]
MARRONE, REIKO % LERNER & KLISTON, P.A. 8211 W. BROWARD BLVD., STE 375 PLANTATION FL 33324 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, and on the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE NAME SIREET ADDRESS CITY ST-2P FORT LAUDERDOALE FL 33324 Change J. SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET	Zip Country		Country	Zip Coun		try	5.					lditional	1
MARRONE, REIKO % LERNER & KUSTON, P.A. 8211 W. BROWARD BLVD., STE 375 & OUT PLANTATION FL 33224 8. The above named analysubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS 3150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TILE NAME SIRET ADDRESS CITY-S1-2P FORT LAUDERDALE FL 33324 TITLE NAME SIRET ADDRESS CITY-S1-2P FORT LAUDERDALE FL 33324 TITLE NAME SIRET ADDRESS CITY-S1-2P TITLE NAME SIRET ADDRESS CITY-S		6. Name	and Address of Current	Registered Agent			7.	Name and Ad	dress of Nev	v Registere	ed Agent		1
B. The above named antity 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, and a the obligations of registered agent. SIGNATURE	MARRONE, REIKO % LERNER & CLISTON, P.A. 8211 W. BROWARD BLVD., STE 375					Street Ac	1 W.	Box Number is Lexy BROW	Not Accepta	BLVD.	, STE 3	3 <i>75</i>	1
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NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 stated in Section 119 07(3)(i).	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREE CITY-	ET ADDRESS ST-ZIP						Addition	

Thereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 1.19.07(3)(1), 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.

MAGNATILAN REQUIREDM. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #