9545275822

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCU 1. Entity Name		SINESS R 95000065(EPOR'	ATION T (UBR)	FILED Jul 09, 2003 8:00 am Secretary of State 07-09-2003 90035 025 ***150.00
Principal Place of Business 1315 SOUTH MIAMI ROAD SUITE NUMBER F FORT LAUDERDALE FL 33316		1315 SOU SUITE NUI	Mailing Address 1315 South Miami Road Suite Number F Fort Lauderdale FL 33316		
Principal Place of Business 3. Mailing Address			ddress		/ COLUMN 189 JOHEN CHILL BOTH CONT. BOTH STAIN CHILL CHILL CHILL CHILL CHILL
Suite, Apt.	#, etc.	Suite, Ap	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & Stat	e	City & Sta	City & State		4. FEI Number APPLIED FOR Applied For Not Applicable
Zip	Country	Zip		Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address	of Current Registered Ag	ent		7. Name and Address of New Registered Agent
CROXTON	N, MARGARET			Name Street Address	s (P.O. Box Number is Not Acceptable)
1315 SOL	JTH MIAMI ROAD			Street Address	(i.o. dox volitori is not Accoptacie)
SUITE NUMBER F					
FORT. LAU	UDERDALE FL 33316			City	FL Zip Code
	named entity submits this stions of registered agent. Signature, typed or printed name of recognitions.			registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and accept
After Se	ILE NOW!!! FEE IS \$5 ptember 10, 2003 Fee w k Payable to Florida Dep	ill be \$750.00	50fee		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFF	CERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROXTON, MARGARE 1315 SOUTH MIAMI R FORT LAUDERDALE F	T Oad, suite f	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	.7		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	on this report or supplemen	ntal report is true and accurustee empowered to execu	rate and that mute this report a	y signature shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if