903 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 1. Entity Name



FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90044 015 ***150.00

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		IN THIS SI	PACE			. 	
2. Principal Place of Business A FIVE		3. Mailing Address 6751 W 47th AVE					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	/		DO NOT WRI	TE IN THIS SPAC	Œ
City & State HAMENH, FL.		City & State HIALEMH, FL		4. FI	65-01368	'61	Applied For Not Applicable
Zip 33012	Country SA	Zip 33012	Country		ertificate of Status Desired	_ ბბ.	75 Additional Required
	A THE COLUMN TWO IS NOT THE OWNER.		Name	- 7. Nar	ne and Address of Current	Registered Age	∍nt
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Court and the state of the stat	DO NOT W		Street Ac	ldress (P.O. Bo	x Number is Not Acceptable	:)	
	IN THIS SP	PACE		10000	BISCAYNE /	BUN A	1205
			City	1. /-	DISCHING 18	FI :	Zip Code
				VENTUR	<i>A</i>	PL	33180
The above named en the obligations of reg		or the purpose of changing its	registered office or	registered age	nt, or both, in the State of Fig	rida. I am familia	ar with, and accept
SIGNATURE Signature tv	ped or printed name of registered agent	and title if applicable (NOTI	E: Registered Agent signatui	re required when rein	stating)	4/15/	103
January 1 - After Ma Amend	May 1 Fee is \$150.00 ay 1, Fee is \$550.00 led UBR is \$61.25 to Florida Department o			···········	Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	The state of the state of the state of the	en men en e	a alamandiantamina na ao a ao		a and a desired and are the
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I hereby certify that indicated on this rej	the information supplied witl port or supplemental report i	n this filing does not qualify for s true and accurate and that n	r the exemption state ny signature shall ha	ed in Section 11 we the same le	9.07(3)(i), Florida Statutes. I gal effect as if made under d	further certify th bath; that I am ar	nat the information n 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 on an attachment with an address, with all other like empowered.

SIGNATURÉ:X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR