FILED Apr 21, 2003 8:00 am Secretary of State 04-21-2003 91063 038 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nar CCK INVI	n e	# P9600000 rs, INC.	V				. 2003 910	703 030	130			
Principal Place of Business			Mailing Address			1	#. -					
345 GOODLETTE RD. S. #3305			345 GOODLETTE RD. Ş. #3305									
NAPLES, FL 34102 US			NAPLES, FL 34102 US				#11 29 2 4 4 5 4 4 4 4 4 4	 1 1 		ODIID IKOI	 	l
2. Principal F	Place of Busin	Rvenue S.	3. Mailing Address]						
Suite, Apt		evenue J.	150 13 + Quenue S. Suite, Apt. #, etc.			-						
						↓		HERE IF MAK	ING CHANG			7
City & State		EL	City & State Naples, Fe			4. FEI Number 65-0651938				Applied For Not Applicable		1
Zip 34/02 Country USA			Zip Count		itry USA	A 5. Certifica					.75 Additional Required	
Name and Address of Current Registered Agent						7. N	ame and Address of	New Register	ed Agent			1
LICHT, MIC			e ¹⁰		Name							
791 TENTH		OUTH		Street Address			(P.O. Box Number is Not Acceptable)					
·												
					City				FL Zip	Code		
8. The above	named entity	v submits this statement for	or the purpose of changing its	register	ed office or register	red age	nt, or both, in the Stat			with, and	accept	1
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 accept the obligations of registered agent.												
SIGNATURE Signistumi, systed or primed name of segislated again and side 7 applicable. (NOTE: Registered Agents ignatum sequired when seinstaining)												
	FILE NOW	FEE IS \$150.00 3 Fee will be \$550.00		-7		9. Election Campa			5.00 N			
Make Check	(Payable to	o Florida Department	of State		5. 9		Trust Fund Con	iribution.	□ A	dded to f	-00S	
10.	1_	OFFICERS AND	DIRECTORS	11.		ADE	DITIONS/CHANGES T	O OFFICERS /			-07.00	٦
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CITY-ST-ZIP.	ertify that the	information supplied	this filling door not discuss for		-ST-2IP	otion 4			contifu thee			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Fiorida 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.												
SIGNAT	URE: _	Ung	unia Conde	UL.)		1/8/03	(239)) Y 3 <u>6</u>	-390		
i		SKINATURE AND TYPED AC	PRINTED NAME OF SIGNING OFFICER (OR DIRECT	iciil	•	/ C≥•a		Davtime Pho	na ë		1