2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

May 05, 2003 8:00 am Secretary of State

FILED

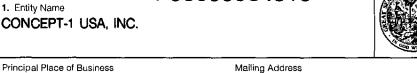
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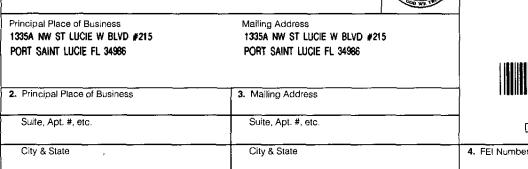
DOCUMENT #

P96000034816

Zip

SIGNATURE





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CHECK HERE IF MAKING CHANGES

Applied For 65-0659372

Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

DATE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134

Street Address (P.O. Box Number is Not Acceptable)	
City F1	Zip Code

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 accept the obligations of registered agent.

(NOTE: Registered Agent signature required when reinstating)

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Country

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Addition ☐ Delete TITLE NAME RUHSTRAT, DIETER NAME STREET ADDRESS 1122 SE SWAN LAKE CIR STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE FL CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change -☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE [] Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I nereby 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 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SMATURE REQUIZIEN RUNSTrat SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR