FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBB)**

FILED Apr 17, 2003 8:00 am Secretary of State

	04-17-2003	90611	013	***1:	50.0
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DOCU 1. Entity Nam	MENT # P960000	041806		04-17-2003 90611 013 ***150.00
Ja	ames J. Ankiewicz CPA	A PA		
- 18	DO NOT WRITE			
	DO NOT WRITE	IN THIS S	PACE	
2 Principal F	Place of Business	3. Mailing Address		60020488
	N. Riverhills Drive	1214 N. Rive:	rhills Drive	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		DO NOT WAITE IN THIS SPACE
City & Stat	te E Terrace, FL	City & State	171	4. FEI Number Applied For
Zip	Country	Temple Terra	Ce, FL Country	59-3402665 [Not Applicable structure Desired status
33617	USA	33617	USA	Fee Required
• .			Name	7. Name and Address of Current Registered Agent
kan ya degena ang kanang a	DO NOT W	DITE	James	J. Ankiewicz
•			Street Address ((P.O. Box Number is Not Acceptable)
e e e e	IN THIS SP	ACE TO ACC	1214	N. Riverhills Drive
			City	Le Terrace FL Zio Code 33617
8. The above	e named entity submits this statement for	the purpose of changing it		red agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered agent.			
SIGNATURE :				
0.0	Signature, typed or printed name of registered agent a	ord title if applicable (NO)	TT. The state of Asset State Asset State	
		to the application (10	TE: Registered Agent signature required	d when reinstating) DATE
	nuary 1 - May 1 Fee is \$150.00 &		ric: negistereo Agent signature requirec	9. Election Campaign Financing \$5.00 May Be
	nuary 1 - May 1 Fee is \$150.00		i E.: registereo Agent signature requirec	
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12. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGMING OFFICER OR DIRECTOR

813)989.3389