FOR PROFIT CORPORATION

FILED Feb 24, 2003 8:00 am Secretary of State

UNIFORM	BUSINESS		200
DOCUMENT #	Palman	 (THI	50

1. Entity N	UMENT# ame 3 1-10TEL	1960 Corp	000 55197			1	_	2 003 ***150.00	
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	50 CE	5TH AUC	3. Mailing Address	<u>.</u>					
Suite, År	VITE 705	3	Suite, Apt. #, etc.	·		DO N	OT WRITE IN T	HIS SPACE	
City & St	30CA RA	TON, FL	City & State 11	· <u>-</u>	_	4. FEI Number	- n n C n	Applied For	
Zip 3 Z		intrp _B	Zip	Country		5. Certificate of Status Di	FF8F	Not Applica \$8.75 Additional	able
		了高品色。在中国中的大		***		7. Name and Address of (_	Fee Required	
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				City	BODA	D A STORY		Zip Code	
8. The above	ve named entity subma ations of registered ag	its this statement for gent.	the purpose of changing its	registered office	or registere	d agent, or both, in the Sta	te of Florida. I a	am familiar with, and accep	pt
									- 1
I SIGNATURE									
SIGNATURE	Signature, typed or printed	name of registered agent and	d title if applicable. (NOTE	Registered Agent sign	nature required w	rhen reinstating)	DA	TE	
Ja Make Chec	Signature, typed or printed anuary 1 - May 1 Fo After May 1, Fee I Amended UBR I & Payable to Florid	ee is \$150,00 s \$550,00 s \$61,25 a Department of S	State	Registered Agent sign	nature required w	9. Election Campa Trust Fund Conf	ign Financing	\$5.00 May Be Added to Fees	e
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Thereby 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 attachment with an address, with all other like empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR