FOR PROFIT CORPORATION

H+b Equities

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9600068357

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	Feb 28, 2003 8:00 an
200	Secretary of State
	02-28-2003 90141 005 ***150.00

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DO NOT WRIT	FE IN THIS	SPACE	60	013496
2 Principal Place of Business 2 No. 2 Principal Place of Business 2 No. 2 Principal State of Business 2 No. 2 Principal Place of Business	d. 3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Dity & State at on, Fl.	City & State		4. FEI Number 65-0688767	Applied For
Zip 3332 4 Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Company of the second s			7. Name and Address of Current Registere	
DO NOT	AIDITE	200 hand day of the control of the c	pand A.Cohen	
		Street Address (F	(P.O. Box Number is Not Acceptable)	
IN THIS S	SPACE	91033	w. Broward Blue	1 #1
		City N/2 =		
8 The above named entity submits this statemer	ent for the purpose of changing	PUL	tation FL	
The above named entity submits this statement the obligations of registered agent.	actioning purpose or changing	Jits registered office of registere	ed agent, or both, in the State of Florida. I am f	familiar with, and accept
SIGNATURE Signature, typed or printed name of registered at		NOTE: Registered Agent signature required	when reinstating) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS A	ND DIRECTORS	TREASON TO SERVE		The control of the co
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12. I hereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HOUARD OFFICE

Date

Daytime Phone #

CR2E034B (12/02)