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

May 26, 2004 8:00 am Secretary of State DOCUMENT # P96 0000 79 251 & BODE GUITA DE CHACHI. The 05-26-2004 90005 012 ***150 00 DO NOT WRITE IN THIS SPACE 44046033 2. Principal Place of Business 3. Mailing Address 3/35 E Same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0697407 Not Applicable 7ip 230/3 Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE January 1 - May 1 Fee is \$150.00 . After May 1, Fee is \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61,25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE " NAME NAME ** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP/ TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE di OJ NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

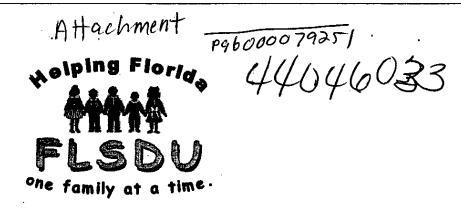
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00-30-04

FILED



STATE OF FLORIDA DISBURSEMENT UNIT

P.O. Box 8500, Tallahassee, Florida 32314

Dear Payer:

Tallahassee, FL 32314

<u> </u>	Payments must be made payable to the FLSDU or the Clerk of the Court. Please prepare a new payment to the correct payer and return to the address listed below.
	The check was sent to this office in error.
ב	The check is defective and cannot be processed because:
ב	There was not enough information provided to ensure that the payment(s) is posted to the correct account(s). Please note: since there are duplicate case numbers in the state of Florida, you must provide the payer name, social security number, Florida case number and county code or county name. If the check represents payment to multiple cases, this information must be provided for each case. Be sure to include the amount for each case. Once this information has been added to the check, please return it to the address listed below.
3	The check appears to represent payments to multiple accounts. However, the total of the check does not balance to the total payments. Please correct the accounts and/or amounts or issue another check for the total of the payments. Send the corrected information to the address listed below.
3	The check appears to represent payments to multiple accounts. However, there is no amount breakdown provided for each account. Please provide the amount breakdown on the check and return it to the address listed below.
כ	The case information provided is for a child support case that has been closed.
ב	Sorry, we have tried to contact you by phone, but were not able. Please correct the needed information and return for processing. (see other below)
)~-	Other
lđ y v	you need more information about your child support case(s), please contact the Clerk of the Court for the where your case was filed.
сy	ou for your attention to this matter.