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

FILED May 10, 2002 8:00 am Secretary of State 05-10-2002 90036 014 ***150.00

DOCU 1. Entity Nam	MENT# 197000	0009765			
A	MENT # P97000	o, INC	(\	0 2 4 4	D (8)
DO NOT WRITE IN THIS SPACE				851486	
2. Principal P	Place of Business	3. Mailing Address . ,	1 –		
365 Suite, Apt.	5 ME -20174	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-343586Z	Applied For Not Applicable
^{Ζίρ} 3 Ψ	1/0 Z Country USA	34102	Country A	5. Certificate of Status Desired	\$8.75 Additional ee Required
		-	Name CH&	7. Name and Address of Current Registered	Agent .
	DO NOT WI		Street Address (P.O.Box Number is Not Acceptable) SZI FIFTH HVENUE SOUTH		
	IN THIS SP	AUE	501.	<i>TÈ Zoj</i>	Zip Code
8. The above	samed acting submits this statement for	the purpose of changing its 6	MIT	rL tered agent, or both, in the State of Florida.	34/02
Tax filing r (See criter	Signature, typed or printed name of registered agent an praction is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	January 1 - Ma After May 1 Amended Make Check Payabi	Registered Agent signature requi y 1 Fee Is \$150.00 , Fee Is \$550.00 UBR Is \$61.25 e to Department of SI	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. TITLE	OFFICERS AND E	_	PILE		
NAME Street Address City+St-Zip		CK J 10.; SUITE 201 34102	NAME STREET ADDRESS CITY-ST-3P		
TITLE NAME			TITLE NAME		
STREET ADDRESS CITY - ST - ZIP			STREET ADDRESS CITY-ST-ZIP		
NAME ,			TITLE NAME		
STREET ADDRESS CITY+ST+ZIP			STREET ADDRESS CRTY-ST-ZIP	DO NOT WRI	TE
TITLE NAME			TITLE MANE	IN THIS SPAC	E
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-2ip		
TITLE			THE		
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			HITE CILA-21-51b		
VAME STREET ADDRESS CITY+ST-ZIP			NAME STREET ADDRESS CETY-ST-7JP		
	certify that the information supplied with to on this report or supplemental report is to poration or the receive for trustee embo	his filing does not qualify for true and accurate and that my	8	Section 119.07(3)(i), Florida Statutes. I further certi e same legal effect as if made,under oath; that I ar 607, Florida Statutes; and that my name appears	14 34 A L

SIGNATURE:

MULLUL THE ANTISCHUM AND OFFICER OR DERECTOR DESCRIPTION 126/02 239-434-06.00