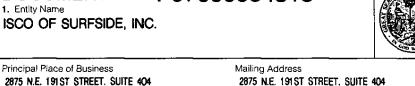
FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90400 011 ***150.00

2875 N.E. 191ST STREET. SUITE 404



aventura f	L 33180	AVENTURA FL 33180				
2. Principal Place of Business		3. Mailing Address			(84 1411 \$100 1816 160 1816 1884	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0756743	Applied For Not Applicable	
Žip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
	d, sanford n . 191st street, suite 404		Street Addres	ss (P.O. Box Number is Not Acceptable)). Box Number is Not Acceptable)	
	A FL 33180					
			City	F	L Zip Code	
SIGNATURE F	Signature, typed of printed name of registered agent ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		DTE: Registered Agent signature requ	uired when reinstating) 9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIBECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GOLDLIST, BARRY GORDON 12 GOLDFINCH CT WILLOWDALE ON M2-R2C3	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ma Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FREEDMAN, HELEN 12 GOLDFINCH CT WILLOWDALE ON M2-R2C3	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		© Change □ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		~ □ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME' STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

416 636-2664 Daytime Phone #

☐ Change

Addition