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

FILED
May 10, 2004 8:00 am
Secretary of State
05-10-2004 90481 023 ***150.00

DOCUMENT # P97000043299		
1. Entity Name		05-10-2004 90481 023 ***150.00
Law Offices of Hoises KA	ABA III, P.A	
	c.e., Sigkarrikasını ildə ilə məkstəri	***************************************
DO NOT WRITE IN THIS SPA	ACE	
2. Principal Place of Business 1. 137 Av. 3. Mailing Address W.	137 Av	
Suite, Apt. #, etc. 5+C 251	,	DO NOT WRITE IN THIS SPACE
City & State FL Might & State F		4. FEI Number Applied For Not Applicable
33175 USA 33175 1	Countex A	5. Certificate of Status Desired See Required Fee Required
	11. Old	7. Name and Address of Current Registered Agent
Name Haba, Hoises III		
DO NOT WRITE	Street Address (P.O. Box Number is Not Accompable) A10 700 C
IN THIS SPACE	S. Ja 0	
	STUA	Tip Gode
	· MIAL	11 FL 3375
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 Mause Communication of regression agent and the 4 applicable. (NOTE: Regissered Agent signature required when reinstating) 4/29/04 ATE		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) January 1 - May 1 - Fee is \$150.00 After May 1 - Fee is \$150.00 Trust Fund Contribution. Trust Fund Contribution. Added to Fees		
	m neharancia or am	ra ::-1
11. OFFICERS AND DIRECTORS		
TITLE D	TIME COMPANY OF COMPANY	
NAME RAPA, MOISES III	- raskiájójsájsightálat þóssh	
NAME RAPA HOISES III	TILE TO A TO	
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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 accuse 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: