FILED May 05, 2003 8:00 am Secretary of State

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	R PROFIT CORPORAT BUSINESS REPORT (
DOCUMENT #	P9700055699	OF THE

1. Entity Nam		00055699			05-05-2003 90363 012 ***150.00		
Principal Place of Business 7328 SW 48 STREET MIAMI FL 33155		Mailing Address 7328 SW 48 STREET MIAMI FL 33155	7328 SW 48 STREET				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State		City & State			4. FEI Number 65-0768118 Applied For Not Applicable		
Zip	Country	Zip	Countr	У	5. Certificate of Status Desired		
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registered Agent		
				Name	مسرد را منظ مساميا ومريد التاري		
ASNANI,				Street Address (P.O. Box Number is Not Acceptable)			
MIAMI FL	48 STREET		-		 		
MIAMI FL	33100		Ļ				
				City	FL Zip Code		
	named entity submits this statemen ions of registered agent.			d office or register	ed agent, or both, in the State of Florida. I am familiar with, and accept		
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0 Payable to Florida Department	10			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10.	·	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASNANI, SUNDARI 7328 SW 48 ST MIAMI FL 33155	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS	☐ Change ☐ Addition		
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	VP KURANI, RAVI 7328 SW 48 ST MIAMI FL 33155	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	☐ Change ☐ Addition		
TITLE NAME Street Address City-St-Zip	n ne en	☐ Delete	TITLE NAME STREET CITY-S	AÓDRESS ST-ZIP	Change Addition		
TITLE NAME Street address City-St-Zip	:	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	☐ Change ☐ Addition (
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET CITY-S	ADDRESS	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information cumulard w	Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	Change Addition Change Addition		

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.

SIGNATURE: \mathcal{L}

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

04/26/03 Date

(305) 663-0055