FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2006 8:00 am Secretary of State

DOCUMENT # P970 00059979					Secretary of State 04-19-2006 90096 036 ***150.00	
2. Principal Place of		E IN THIS S) 6E	6002863	37
162 Alcazar Street Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State Royal Palm Beach, FL		City & State		4. FEI Number Applied For S5-0790372 Not Applicable		
Zip 33411	Country	Zìp	Co	ountry	5. Certificate of Status Desired	\$8.75 Additiona Fee Required
DO NOT WRITE IN THIS SPACE				Name Vincent Mazzo	ress (P.O. Box Number is Not Accep	
State of Florida. I SIGNATURE Signat January 1 After M Amen	am familiar with, and the typed or printed name May 1 Fee is \$150 ay 1, Fee is \$650.0 ded UBR is \$61.25	d accept the obligations of registered agent and title if	s of regi	stered agent.	each stered office or registered agent, or tered Agent signature required when reinstating 9. Election Campaign Financing Trust Fund Contribution.	
Make Check Payabl 10. TITLE	OFFICERS	AND DIRECTORS		145		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	Vincent Mazzola, J 162 Acazar Street Royal Palm Beach		67 CI	ME REET ADDRES! TY-ST-ZIP TLE	9	
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T∡. I nereby certify that i certify that the inform	tne information supplie nation indicated on this	o with this filling does not o report or supplemental re	qualify fo eport is t	r the exemption s we and accurate	stated in Section 119.07(3)(i), Florida Sta and that my signature shall have the sar	itutes. I further ne legal effect

certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Min Conf Mass Concent Mazzola, Jr 4 10 0 6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(561) 798-0728

748.2270

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Daytime Phone #