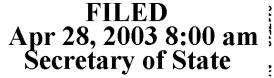
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P97000064575 1. Entity Name



04-28-2003 90193 018 ***150.00

BANBUHY CROSS BAKERT, INC.											
Principal Place 8953 SE BRIDO HOBE SOUND US	GE RD	8953	Mailing Address 8953 SE BRIDGE RD HOBE SOUND FL 33455 US								
2. Principal Pl	lace of Business	3. Mail	3. Mailing Address					D #191 00 11 0 0 1111		041 03)(100)	
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. F	El Number 65-0769279			olied For Applicable	
Zip Country			7 7 7 7 7 7 7	try	5. Certificate of Status Desired						
	6. Name and Address of	Current Registere	d Agent			7. N	lame and Address of New Re	gistered Ag	ent		
					Name						
ELK, SCO	TT A		Street			ess (P.O. Box Number is Not Acceptable)					
4800 N. F	EDERAL HWY., STE. 200-E				Sileet Address (Street Address (P.O. Box Number is Not Acceptable)					
BOCA RAT	TON FL 33431									1	
					City			FL	Zip Code	,	
		ement for the purp	ose of changing its re	egistere	Led office or register	red age	ent, or both, in the State of Flori		niliar with, a	and accept	
the obligati	ions of registered agent.			-							
SIGNATURE .	Signature, typed or printed name of regist	torad agent and title if ann	licable (NOTE:	Bacistara	d Agent signature required	d when rei	instating)	DATE			
			(NOTE.	r logistoro:	a Agent aignature requires	1	instacting;				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fina Trust Fund Contribution.			May Be to Fees	
10.	OFFICE	RS AND DIRECTO	RS	11.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	IN 11	
TITLE NAME Street Address City-St-Zip	D Winn, Randall 9308 Se Gettysburg C Hobe Sound Fl 33455	ЭТ.	☐ Delete		- i			(_) Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Winn, Paulette 9308 Se Gettysburg C Hobe Sound Fl 33455	т.	☐ Delete				·] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Delete		- I			Ţ	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I			[Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete]			[Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		I				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 epopwered 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 race propowered.

SIGNATURE: