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

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

| 1. Entity Nan | | NC. | | | 04-14-2003 90063 037 ***150.00 |
|---|--|---|-------------------------|----------------|---|
| Principal Place 12277 S.W. 55 STE 901 COOPER CITY | • | Mailing Address 12277 S.W. 55TH ST. STE 901 COOPER CITY FL 33330 | | | |
| 2. Principal F | Place of Business | 3. Mailing Address | | | - |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | CHECK HERE IF MAKING CHANGES |
| City & Stat | e | City & State | | | 4. FEI Number 65-0811965 Applied For Not Applicable |
| Zip | · Country | Zip | Country | - | 5. Certificate of Status Desired S8.75 Additional Fee Required |
| ······ | 6. Name and Address of Current | t Registered Agent | | - | 7. Name and Address of New Registered Agent |
| GABLE, MICHAEL P. Stree Address Po. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD SUITE 735 SOUTH HOLLYWOOD FL 33021 401 E. Las Olas BlVd. | | | | | |
| | A | | City | | and a lale El Zip Code al |
| | | | | <u> </u> | auverdale FL 133301 |
| | | or the purpose of changing its | registered office | or registere | ed agent, or both, in the State of Florida. I am familiar with, and accept |
| the obligat | | (ΛU_{\bullet}) | _ | _ | |
| | EPROIL | () Kego | اسدال کا | Re | 3425, Atty 4-11-63 |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title it applicable (COTE | : Registered Agent sign | | |
| | Signature, typed of profited fiame or registered agen | and the happincable. (1101) | negisteleti Agent sign | atore required | With tellstating) DATE |
| Afte | ILE NOW !! FEE IS \$150,60 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of | | | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| | PD SS | | | | Change Addition |
| TITLE | | ☐ Delete | TITLE | 1 | · • • • • • • • • • • • • • • • • • • • |
| NAME | FERNANDEZ, NELSON | | NAME | 100 | 277 8.W. 55th St., Ste901 |
| STREET ADDRESS | 10001 NW 1ST COURT | | STREET ADDRESS | 100 | 61 5 0000 |
| CITY-ST-ZIP | PLANTATION FL 33324 | | CITY-ST-ZIP | <u> 1 (La)</u> | opercity it 33330 |
| TITLE | SD | ☐ Delete | TITLE | | Mange ☐ Addition |
| NAME | FERNANDEZ, ALBERTO | | NAME | 4,00 | and so asther stages |
| STREET ADDRESS | 10061 NW 1ST COURT | , | STREET ADDRESS | 1)100 | 977 S.D. 55 mst., Ste 901 |
| CITY-ST-ZIP | PLANTATION FL 33324 | (| CITY-ST-ZIP | 1 Ca | poper Cily FL 33330 |
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| NAME | GIL, ALBERTO | Delete | NAME | 110 | ann Cir Kathet Chann |
| STREET ADDRESS | 10061 NW IST COURT | | STREET ADDRESS | 11/00 | all 3.00.00 31. [318 10] |
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| GHT-31-2A | PENNINHON I E COOCY- | | 0111-01-211 | | where City, 10 39330 |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | ĺ |
| 12. I hereby o | certify that the information supplied wit | h this filing does not qualify for | the exemption st | ated in Sec | ction 119.07(3)(i), Florida Statutes. I further certify that the information |

indicated on this report or supplemental report is frue 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 emptwered 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: SIGNATURE OF BENITTED NAME OF BIGNING OFFICER OF DIDE

4 01 03

954-693-9900 Dalytime Phone #