FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2004 8:00 am Secretary of State 05-24-2004 90009 044 ***150.00

DOCUMENT#

1. Entity Name



DO NOT WRITE IN THIS SPACE						14022843		
2. Principal Place of Business			3. Mailing Address				- 0	
· Naples			10711 N. Tamiami					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City/8 State			City & State			4. FEI Number A Applied For		
Naples, Horida					. FEI Number 59-34732 F	4 Not Applicable		
Zp341	2ip34108 CountryUSA		21934108 Country U.S.A		A 5	5. Certificate of Status Desired See Required Fee Required		
				(4. 6.)	7. Name and Address of Current Registered Agent			
Name John Vega								
	W TON C	RITE	Street Address (P.O. Box Number's No: Acceptable)					
IN THIS SPACE								
			$\setminus A$	City	Nap	les F	FL Zip Code	
	named entity's		the purpose of changing its i	egistered office or	registered	agent, or both, in the State of Florida. I a		
the obligations of registered agent.								
SIGNATURE 5/21/04								
Squasine, typed or printed/are of registered agent and title 1 hap salish (NOTE: Registered agent signature required when reinstalling) [NOTE: Registered agent signature required when reinstalling) [NOTE: Registered agent signature required when reinstalling)								
After May 1, 56e is \$550.00 9. Election Campaign Financing\$5.00 May								
	BR is \$61.25 lorida Department of	State			Trus: Fund Contribution,	☐ Added to Fees		
10.		OFFICERS AND I	DIRECTORS	a reference to the	There is said			
TITLE	Pres	identika Boke		TITLE				
NAME STREET ADDRESS	Mon	ika Boke	(mann	NAME. STREET AUDROSS			[]	
C:TY-ST-ZIP	1035	Elrado.	Str. Naples Fl	CHY-51-21*	a file of			
TITLE		etany	34103	ma e	9,42 (12)	ing program of the control of the co	<u> </u>	
NAME			·	HAME		4	6	
STREET ADDRESS C-TY-ST-ZIP	as	above		STREET ADDRESS				
TOTALC				eny-sr-gr		a de la composición de la composición De la composición de		
NAME	/rea	SUNA		RAME		and the second of the second o	Total of the second of the sec	
STREET ADDRESS 45 260 VE				STREET AUDRESS		DO NOT WRITE		
~C·IY-SI-ZIP·──	~ UL. J.			- City-Si-ZP		DO NOT WE	ME	
TIBLE NAME				I Int		IN THIS SPA	/CE	
STREET ADDRESS				NAME STREET ADDRESS		ur liends en si		
C-TY-ST-7IP				CITY ST. ZIP				
IMLE				TITLE	1500		and the state of t	
NAME STREET ANDRESS				NAME				
STREET ADDRESS CITY-ST-ZIP			• •	STREET NODE-SS CITY-ST-Z:P		yn ddwyr ac chaf y cae y c A cae a c		
TITLE			·····	117	and the second s			
HAME				TIANE	Control (Sec			
STREET ADDRESS CHY-ST-ZIP	,					a artista en la companya de la comp La companya de la co	salar estado y libera como est Necesió de la completa de la como estado en	
	matification in	Vacamation as a select of the	Note Office along the second	GITY-St-ZIP	and display			
12. Thereby certify that the information supplied with this filling 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807. Florida Statutes; and that my cause appears in Block 10 or on an								