## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P980000344/



## **FILED** May 03, 2004 8:00 am Secretary of State 05-03-2004 91071 011 \*\*\*150.00

| 2401 913 ROYAT 30KD   | 1065, 700                 |  | 9  |  |
|---|---------------------------|--|--|--|
| DO NOT WRITE  | IN THIS SP                | ACE  | 94   | 083108   |
| 2. Principal Place of Business 1731 SE 15-74 ST.  | 3. Mailing Address 15thst |  |  |  |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.       |  | DO NOT WRITE IN THIS SPACE   |  |
| 203   | 203                       |  |  |  |
| City & State FT. LAUDER DALE  | City & State FT. LAND F1  |  | 4. FEI Number  | Applied For  |
| Zip Country   | Zip Zip                   | Country  | 650801621  | Not Applicable  \$8.75 Additional  |
| Zip Country BROWARD   | 33316                     | Beoward  | 5. Certificate of Status Desired   | Fee Required   |
|   |                           | 7. Name and Address of Current Registered Agent Name |  |  |
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| en e  |                           | City   | + / . / . / /  | Zip Code   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept  |                           |  |  |  |
| -the obligations of registered agent.   |                           |  |  |  |
|   |                           |  |  |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |                           |  |  |  |
| January 1 - May 1 Fee is \$150.00  After May 1, Fee is \$550.00  Amended UBR is \$61.25  Make Check Payable to Florida Department of State  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees   |                           |  |  |  |
| 10. OFFICERS AND D  | DIRECTORS                 |  | 1  |  |
| TITLE PESIDENT SONE   |                           | TITLE  |  | · · · · · · · · · · · · · · · · · · ·  |
| NAME DIANE DOWLING -  | OU TOUR                   | NAME<br>STREET ADDRESS                               |  |  |
| CITY-ST-ZIP Ft. LANdrada/=  | F/ 33316                  | CITY-ST-ZIP  |  |  |
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| CITY-ST-ZIP   |                           | CITY-ST-ZIP  |  |  |
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| NAME  |                           | NAME   | a palagagani na mangana na ang manganan na ang<br>Manganan na manganan na ma   |  |
| STREET ADDRESS  |                           | STREET ADDRESS                                       |  |  |
| CITY-ST-ZIP   | Nain filling plant        | CITY-ST-ZIP  | Section 110 07/0/// Florid - Control   | those postifications that the  |
| 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 prospection of the corporation of the |                           |  |  |  |

SIGNATURE: