2007	UNIFORM BUSIN	IESS REPOR	T (UBR)					
DOCUN 1. Entity Name	1								
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Principal Place	of Business	Mailing Address	MT St	Lape					
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1925 19 Street 192		3. Mailing Address 1925/98 Suite, Apt. #, etc.	925 19 Street		DO NOT WRITE IN THIS SPACE				
City & State	:	City & State		4.	FEI Number 8000	60957	Apr	olied For	
<u>Sal</u>	asola FIA	Sarabola Zap	Country A		Continue of Clates Design	<u> </u>	75 Addi	Applicable tional	
348	6. Name and Address of Current Re	34234	<u>u.s./+</u>	<u>· </u>	Certificate of Status Desire Name and Address of Ner		Required		
			Name						
Lambert, Paul C 1925-19th Strut			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
=	aranota, FL 30								
	City			<u> </u>	Zip Code	-			
8. The above	named entity submits this statement for the	ne purpose of changing its re	gistered office or	registered a	gent, or both, in the State of	I Florida.	10		
								` l i	
SIGNATURE.	Signature, typed or printed name of registered agent and	title il applicable. (NCTE: F	legistered Agent signatu	re required when	reinstating)	DATE		1_	
9. This corpo	Signature, typed or printed name of registered agent and prattion is eligible to satisfy its Intangible equirement and elects to do so. ia on back)		FEE IS \$550.0 2001 Fee will be	6 \$750.00	10. Election Campaign Trust Fund Contrib			O May Be to Fees	
9. This corpo	oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!! After September 12, 2 Make Check Payable	FEE IS \$550.0 2001 Fee will be	0 \$750.00 of State	10. Election Campaign	ution.	Added	to Fees	
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3. 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 turther 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATI IDE

Paul Inspect

4/23/07 941-650-2712