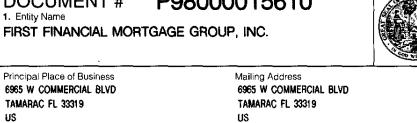
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000015610



FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90406 009 ***150 00

TAMARAC FL 33319 US				TAMARAC FL 33319 US						
2. Principal Place of Business			3 . Ma	3. Mailing Address				1 CERCETO ING CERTA NGULI BENJA BENJA BENJA BENJA BENGA 11881 BUHAR BUHAR BUHAR 11801 BENJABEN		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES		
City & State				City & State			4.	FEI Number 65-0811266 Applied For Not Applicable		
Zip	Country Zip C		Count	ry	5.	. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent				
LINZER, R		·		Name Street Address (P.O		ess (P.O.	O. Box Number is Not Acceptable)			
6167 NW	79 WAY									
Parklani	D FL 33067	•								
V."				С		City		FL 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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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 DIRECTORS				11. A			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINZER, ROBERT 6167 NW 79 WAY PARKLAND FL 33067			☐ Delete		T ADDRESS ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP	_	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the same of th		☐ Delete	1	T ADDRESS		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete	TITLE NAME STREE	T ADORESS ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	TITLE NAME STREET CITY-S	r address St-zip		Change Addition		

I hereby 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other this empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)