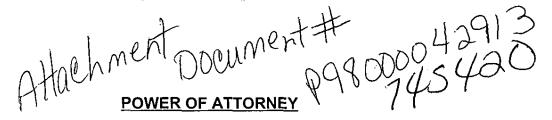
2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

FILED Mar 03, 2002 8:00 am Secretary of State P98000042913 DOCUMENT # NEDJADI DATA BASE SERVICES, INC. 03-03-2002 90090 031 ***150.00 Mailing Address Principal Place of Business PO BOX 16952 5317 RAINBOW DR JACKSONVILLE FL 32245-6952 TEMPLE TERRACE FL 33617 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3511843 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NEDJADI, ABDELKADER Street Address (P.O. Box Number is Not Acceptable) 5317 RAINBOW DR **TEMPLE TERRACE FL 33617** Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change CE2F034 (9/01) Addition **PVST** TITLE ☐ Delete TITLE NEDJADI, ABDELKADER NAME 5317 RAINBOW DR STREET ADDRESS STREET ADDRESS TEMPLE TERRACE FL 33617 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NEDJADI, ABDELKADER NAME NAME 5317 RAINBOW DR STREET ADDRESS STREET ADDRESS **TEMPLE TERRACE FL 33617** CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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

Daytime Phone #



KNOW ALL MEN BY THESE PRESENTS, that I, Abdelkader Nedjadi, also known as Ben Nedjadi, of Temple Terrace, Florida, do hereby appoint, Mildred Lopez, as my true and lawful attorney-in-fact, for me, and in my name, place, and stead, and for my use and benefit.

I further give and grant unto my said attorney-in-fact, Mildred Lopez, full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof.

WITNESS my hand and seal this 3 day of January ,2002, at Tampa, a. Florida.

STATE OF FLORIDA

COUNTY OF HILLSBOROUGH

The undersigned, personally appeared Abdelkader Nedjadi, who, being well known to me, after being first duly sworn, deposes and says that he executed the foregoing Power of Attorney for the uses and purposes stated therein."

Executed this 3 day of January

2002.

Notary Public, State of Florida

My Commission Expires:

