	INC.	47707			Apr 20, 2001 8:00 an Secretary of State 04-20-2001 90009 016 ***150.00	
Principal Place of Business 03 N HOMESTEAD BLVD OMESTEAD FL 33030 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Curren BAIG, SHAKIL U 10801 S.W. 109TH CT.		Mailing Address 903 N HOMESTEAD BLVD HOMESTEAD FL 33030				
·		3. Mailing Address				
· · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
	0			4.	4. FEI Number 65-0837532 Applied For Not Applicable	
		Zip	Country		Certificate of Status Desired	
6.	Name and Address of Current Re	gistered Agent	Name	7	Name and Address of New Registered Agent	
BAIG, SHAKIL U 10801 S.W. 109TH CT. D-301 MIAMI FL 33176			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
		City			FL Zip Code	
9. This corporation	ture, typed or printed name of registered agent and n is eligible to satisfy its Intangible rement and elects to do so.	FILE NOW! After MAY 1, 20	Registered Agent signature real FEE IS \$150.00 The will be \$550.0 It fo Department of	00	einstating) DATE 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.	
STREET ADDRESS 108	OFFICERS AND DII IG, SHAKIL U 801 SW 109TH CT D301 AMI FL 33176	RECTORS	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NTLE D VAME LAK STREET ADDRESS 153	KHANI, CHANDRESH 35 MADRUGA AVENUE 18AL GABLES FL 33134	Delete	TITLE NAME STREET ADDRESS , CITY-ST-ZIP		Change Addition	
ITLE IAME STREET ADDRESS			TITLE NAME STREET ADDRESS CITY - ST - ZIP		Addition:	
ITLE IAME TREET ADDRESS ITY - ST - ZIP	ĸ	Delete	TITLE NAME Street Address City-St-Zip		Change Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		Delete	THLE NAME STREET ADDRESS CITY - ST-ZIP		Change 💭 Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change D Addition	
3. I hereby certify indicated on thi of the corporation changed, or on	r an allachment with an address, with	filing does not qualify for a and accurate and that m red to execute this report a all other like empowered.	the exemption stated ir y signature shall have t as required by Chapter	Section he same I 607, Florid	119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director da Statutes; and that my name appears in Block 11 or Block 12 if	