## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE N		003 FOR PROFI				FILE Apr 28, 200		0 am
Pompinal Place of Business   Delining Address   Coli S.W. 1890, WaY   FT. LAUDERDALE FT. 33331	1. Entity Nan	ne	048485					
EXD S.W. 1890, WAY FT. LAUDERDALE Ft. 33331 FT	NOS PLA	51105, INC.						
Sufe, Apt #, etc.   GHECK HERE IF MAKING CHANGES   GLY & State   GLY & GLY & State   GLY & GLY & State   GLY & GLY & State   GLY &	6201 S.W. 183RD. WAY		6201 S.W. 183RD. WAY			- 1 <b>160 (160)</b> 110 <b>1</b> 0 (16) 16) 16) 17 (16) 18)	11 <b>0180</b> 1 1 <b>0</b> 180 11	- <b>  1848</b>   <b>- 1</b> 888  1888
City & State  City & State  Country  Co	2. Principal f	Place of Business	3. Mailing Address					
Zip Country Zip Country 5. Certificate of Status Desired Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fee Required Country 8. Street Address of New Registered Agent Pee Required Country 8. Name and Address of New Registered Agent Pee Required Country 8. Name and Address of New Registered Agent Pee Required Country 8. Name and Address of New Registered Agent Pee Required Country 8. Name and Address of New Registered Agent Pee Required Country 8. Name and Address of New Registered Agent Pee Required Country 9. Name and Address of New Registered Agent Pee Required Country 9. Name and Address of New Registered Agent Pee Required Country 9. Name and Address of New Registered Agent Pee Required Country 9. Name and Address of New Registered Agent Pee Required Country 9. Name and Address of New Registered Agent Pee Required Country 9. Name and Address of New Registered Agent Pee Required Registered Agent Pee Required Registered Agent A	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
S. Certificates of Status Desired   Fee Required	City & Star	e	City & State		<b>4.</b> F	El Number 65-0841069		
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)	Zip			Country			Fee Require	
BROUWER, BRUCE 6201 S.W. 183RD. WAY FT. LAUDERDALE FL 33331  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  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payble to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1  TITLE  BROUWER, BRUCE  BROUWER	<del></del>	6. Name and Address of Current R	egistered Agent	Name	7. N	ame and Address of New Registere	d Agent	
City FL Zip Code  8. The above named antity 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 according to the obligations of registered agent, or both, in the State of Florida. I am familiar with, and according to the obligations of registered agent.    Signature, ported or primed cases of degisteric agent and liter flephotation.   ONTE: Registered Agent algorithms reasonable.   ONTE: Registered Agent al	· · · · · · · · · · · · · · · · · · ·				ss (P.O. Bo	P.O. Box Number is Not Acceptable)		
City FL Zip Code  6. 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 colligations of registered agent.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature requires when recisation)   DATE		******		-		<del></del>		
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	FI. LAUDI	ENDALE PL 33331		City			Zip Cor	de
THE PODIGATIONS of registered agent.  SIGNATURE  Signatura, tysed or crimed name of registered agent and list of applicable.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	8. The above	named entity submits this statement for	the purpose of changing its r	registered office or regis	stered age	· · · · · · · · · · · · · · · · · · ·	— I	and accept
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After May 1, 2003 Fee will be \$550.00 May be Make Check Payable to Florida Department of State  10.		Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signature requ	uired when rein	stating) DATE	: 	
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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 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 like empowered. BUTTE REOL (BRUCE BROUWER) SIGNATURE: 12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OWNER