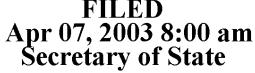
## 2003 FOR PROFIT CORPORATION

3. Mailing Address

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000055089 1. Entity Name



<b>055089</b> IC.			04-07-2003	•			
Mailing Address 5797 NORTH PLUM BAY TAMARAC FL 33321	' Parkwa	Y					
. Mailing Address			]	ii <b>46</b> 1ii ( <b>1</b> 11 <b>i</b> )	HAIDI BIAH I	18181 [B]KU 1811 KRUL	
Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			4. FEI Number 65-0847265		-	Applied For Not Applicable	
Zip	Coun	try	5. Certificate of Status Desired		<b>\$8.75</b> Fee Req	Additional uired	
istered Agent			7. Name and Address of New Re	gistered /	Agent		
	-	Name LUIS F. RODAIGURZ  Street Address (P.O. Box Number is Not Acceptable) 5797 N. PLUM BAY PKWY					
		City	RAC	FL	Zip (	Code 3321	

3.	The above nar	med entity submits this	statement for the purpose of changir	ng its registered office or	registered agent, or both,	in the State of Florida.	I am familiar with, a	and accept
	the obligations	s of registered agent.	-					
	N** - 1	, -	7					

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

ALISTAIR INVESTIGATIVE SERVICES, INC.

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

Principal Place of Business

2. Principal Place of Business

RODRIGUEZ, LUIS F

TAMARCA FL 33321

5797 NORTH PLUM BAY PARKWAY

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

TAMARAC FL 33321

5797 NORTH PLUM BAY PARKWAY

9. Election Campaign Financing Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITLE TITLE ☐ Delete RODRIGUEZ LUIS F NAME NAME STREET ADDRESS STREET ADDRESS 5797 NORTH PLUM BAY PARKWAY CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Change TITLE SVD ☐ Delete TITLE ☐ Addition NAME RODRIGUEZ, VIVIAN D NAME STREET ADDRESS STREET ADDRESS **5797 NORTH PLUM BAY PARKWAY** CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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.

SIGNATURE: