FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9800006/757

1. Entity Name Rows VIII (ARS, INL.

SIGNATURE:



FILED Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90089 045 ***150.00

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DO NOT WRITE IN THIS SPACE 2. Principal Place of Business (3. Mailing Address ()					44035503			
Suite, Apt. #, etc.		6119 N. TAIAFOX ST. Suite, Apt. #, etc.			DO NOT WRITE	IN THE COA	DC:	
ouite, Apr. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPAC	JE	
CHY & State PENSACOLA	, FL	TEX & State A W A	FL	4. FE	El Number 59 - 35 1 99 5	7	Applied For Not Applicable	
zip 32503	Country USA	Zip SXXX	Country () SA	5 . C	ertificate of Status Desired	□ \$8.	.75 Additional Required	
				7. Name and Address of Current Registered Agent Name 12 /				
DO NOT WRITE				onal	na-ION/Dams or			
	IN THIS SP	THE WAR THE SHOW THE	- Street Addre	ess (P.O. Bo	x:Number is:Not:Acceptable)			
		AVL	27	31	Blackwood	DL		
			City (A	MION	MENT	FL	Zip.Code 33533	
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	e, typed or printed name of registered agent a 1 - May 1 Fee Is \$150.00	ind title if applicable. (NOTE	: Registered Agent signature re	quired when rein	stating)	DATE		
After Ame	May 1, Fee is \$550.00 nded UBR is \$61.25 ble to Flerida Department of	State			Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees	
TITLE	OFFICERS AND	DIRECTORS	Contracts to the second	To Continue.		Kinggarang at 10.19		
NAME :	Ponalo W. ADAM. 2731 Black WOOD	s jn	TITLE NAME					
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CITY-ST-ZIP			CITY-ST-ZIP					
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 on an attachment with an address, with a chapter 607 or one and attachment with an address, with a chapter 607 or one and attachment with an address.								