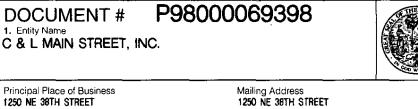
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Apr 21, 2003 8:00 ai	n
Secretary of State	

2003	FOR	<b>PROFIT</b>	CORP	ORAT	LION
UNIFO	RM E	BUSINES	S REP	ORT (	UBR

**DOCUMENT#** 





OAKLAND PARK FL	_ 33334	oakland park f	'L 33334
2. Principal Place	of Business	3. Mailing Address	3
Suite, Apt. #, et	c. ,	Suite, Apt. #, etc	
City & State	· ···	City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKIN	
4. FEI Number 65-0854176	Applied For
0370034170	Not Applicab

DATE

\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent

WETHERINGTON, GLORIA
1250 NW 38TH STREET
OAKLAND PARK FL 33334

Name					
Street Address (	P.O. Box Number	is Not Accepta	ble)	<del></del>	
<u> </u>		• • •	<del></del>		
City			FL	Zip Code	

8.	The above named entity submits this statement for the purpose of changing its reg	istered office or registere	ed agent, or both,	in the State of Florida.	I am familiar wit	h, and accept
	the obligations of registered agent.					

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Piorida Department or State								
10.	OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEMOS, ANTONIO 1250 NW 38TH STREE OAKLAND PARK FL 33334	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRUZ, SERAFIM 1250 NW 38TH STREET OAKLAND PARK FL 33334	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS	nus.	□ Delete	TITLE NAME STREET ADDRESS		Change Addition			

NAME STREET ADDRESS CITY-ST-ZIP	CRUZ, SERAFIM 1250 NW 38TH STREET OAKLAND PARK FL 33334	□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	; change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The St	□ Delete □	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 . Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
THTLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition

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.

SIGNATURE: