2005 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 18, 2005 08:00 AM

Daytime Phone #

	WILLIAMS IN	EFORI			
DOCU 1. Entity Nan HAYS, IN		3		Secretary of Stat	æ
		lailing Address			
415 E NOB WILLISTON,		115 E NOBLE AVE Williston, Fl 32696			
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				03162005 No Chg-P CR2E034 (10/03)	
DO NOT WRITE IN THIS SPACE			4. FEI Number Applied Fo		
				4. FEI Number Applied Fo S9-3534091 Not Applied Fo	
				5. Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Current Regis	Harad Agent		Fee Required	
 -	o. Haine die Address of Carrell Hedis	itered Agent	· ; .	A Comment	
HAK, KIM				DO NOT WRITE	
415 E. NO WILLISTO	BLE AVE. N, FL 32696				
,	,	•	ļ	IN THIS SPACE	
8. The above	named entity submits this statement for the c	ourgose of changing its register	ed office or register	ared arent, of both, in the State of Florida. I am familiar with and acc	ent
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, typed or printed name of registered agent and title	if applicable (NOTF, Registere	d Agent signature required	d when reinstating) ' DATE	
٠.,		9. Election Campaign Finar	ncino &E	5.00 May Be	
After M	E NOW!!! FEE 18 \$150.00 ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		ded to Fees 1100000310723	
10.	OFFICERS AND DIREC	CTORS			
TITLE	OD			· ·	
NAME	HAK, KIM H				
STREET ADDRESS CITY-ST-ZIP	415 E. NOBLE AVE. WILLISTON, FL 32696		i .		
TITLE	WILLISTON, FL 32090		المناهدة المالية	· · · · · · · · · · · · · · · · · · ·	
NAME			ſ		ļ
STREET ADDRESS			J		
CITY-ST-ZIP			4		
TITLE NAME			}		
STREET ADDRESS					
CITY-ST-ZIP			Ì	DO NOT WRITE	
TITLE	· · · · · · · · · · · · · · · · · · ·		_ <u>=====</u>	IN THIS SPACE	
NAME STREET ADDRESS			Î	III IIIIO OI AOL	
CITY-ST-ZIP					
TITLE		Sale /	THE RELEASE OF	A SEA TO TELL OLD	
NAME			Į.		
STREET ADDRESS CITY-ST-ZIP					
TITLE			 		l
NAME					
STREET ADDRESS		•• ••			- 1
CITY-ST-ZIP					
12. I hereby of indicated	ertify that the information supplied with this fill on this report or supplemental report is true a	ing does not qualify for the exer	nption stated in Secure shall have the	ection 119.07(3)(i), Florida Statutes. I further certify that the information	2
of the corp	poration or the receiver or trustee empowered or on an attachment with an address with all	to execute this report as require	ed by Chapter 607	same legal effect as if made under oath; that I am an officer or director, Florida Statules; and that my name appears in Block 10 or Block 11	ر ا if
	X 1		•	4/15/05 (352) 528 6971	- [
SIGNAT	URE: _/\	- cus		9/17/03 (204) 500 67/1	