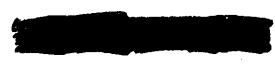
2002

2004 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State 05-15-2002 90094 004 ***150.00

DOCUMENT # P980	00097404	
NEXT LEVEL	1 225, Irc.	<u> </u>
Original Place of Business	Mailing Address	

2105 MERIDIAN AVE. 2105 MERIDIAN AVE. C/O DOUGLAS DESOUZA MIAMI BEACH FL 33139 C/O DOUGLAS DESOUZA MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State		City & State	City & State			4. FEI Number Applied For Not Applied For				
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Cur	rent Registered Ager	nte e e	Lake s newsper	7. Name and A	ddress of New R	egistered A	gent		
			•	Name						
DESOUZA, DOUGLAS 2105 MERIDIAN AVE.			Street Address (P.O. Box Number is Not Acceptable)							
MIAN	MI BEACH FL 33139									
				City			FL	Zip Code	9	
8. The above	named entity submits this stateme	nt for the purpose of	changing its registe	red office or regist	tored agent, or both	in the State of Flo	orda.			
				·						
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Register	ed Agent signature requi	rea when renstating)		EIATE			
Tax filling r	oration is eligible to satisfy its Intange equirement and elects to do so. ria on back)	After	ILE NOW!!! FEE MAY 1, 2001 Fee eck Payable to D	will be \$550.00	Trust	tion Campaign Fina Fund Contribution	~ ~		0 May Be I to Fees	
11,		ND DIRECTORS	12		ADDITIONS/C	HANGES TO OFFI	CERS AND I	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS	CP DESOUZA, DOUGLAS 2105 MERIDIAN AVE		STE	ME . Reet address				Change	Adoition	
CITY-ST-ZIP TITLE	MIAMI BEACH FL 33139		Deiele TIT	Y-ST-ZIP				☐ Change	Agdition	
NAME STREET ADDRESS CITY-ST-ZIP			NAI STE	-				<u> </u>	_	
TITLE			Delete 111	LE				☐ Change	Addition	
NAME STREET ADDRESS CITY+ST-ZIP		20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -	STE	ME ************************************	ing a marketing	rando e es despenden	· · · · ·	^	• •	
TITLE NAME STREET ADDRESS CITY+ST-ZIP			STS	LE			1074	Change	☐ Anuinen	
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TITLE NAME STREET ADDRESS			1	LE ME EET ADDRESS				Change	Addition	

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 Brod changed, or on an attachment with an address, with all other like empowered.

GNATURE:

| Supplemental report is true and accurate and that my signature shall nave the same regardled as a made theory to any that an accurate and that my name appears in Brod changed, or on an attachment with an address, with all other like empowered.

| Supplemental report of supplemental report is true and accurate and that my signature shall nave the same regardled as a made theory to any that an accurate and that my signature shall nave the same regardled as a made theory to any that an accurate and that my signature shall nave the same regardled as a made theory to any that any name appears in Brod changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

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