2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P9900005096 **DOCUMENT #**

1. Entity Name

NECTAR HEAD PROPERTIES, INC.



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90302 003 ***150.00

Principal Piece of Eustrass TOD SW 48 51 MAMI FL 23155 Country 2-p Country 2-p Country 3-c Country 5-c Country 6-c Countr		·		No.						
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City & State Country Country Country Country A FEI Number 65-0903159 Roll Applicable Roll Applicabl	Principal Place of Business 3. Mailing Address									
Type Country Zip Country 5. Cardicate of Status Desired 5. S. A patislable Service Country 5. Cardicate of Status Desired 5. S. A patislable Fee Required Fee Req	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
S. Cerricitate of Status Usering U. Fee Required Fee Required THOMAS, MOLINARE TO SIV. 48 ST MIAMI FL 33155 City City FL Zip Code City FL	City & State		City & State		4.	55-1903159				
THOMAS, MOLINARE 730 S.W. 48 ST MIAMI FL 33155 8. The above named entity submits this statement for the purpose of changing its registored office or registored agent, or both. In the State of Florida. I am familiar with, and accept the obligations of registored agent are depended agent and the financial product of the aprison. **SIGNATURE*** **SIGNATURE** **OFFICERS \$150,00. **Atter May 1, 2003 Few will be \$550,00. **May 5. **SIGNATURE** **OFFICERS \$100,00. **Atter May 1, 2003 Few will be \$550,00. **May 5. **SIGNATURE** **OFFICERS \$100,00. **SIGNATURE** **OFFICERS \$100,00. **SIGNATURE** **OFFICERS \$100,00. **Add for the building** **SIGNATURE** **OFFICERS \$100,00. **SIGNATURE** **OFFICERS \$100,00. **Add for the building** **SIGNATURE** **OFFICERS \$100,00. **SIGNATURE** **OFFICERS \$100,00. **SIGNATURE** **OFFICERS \$100,00. **SIGNATURE** **OFFICERS \$100,00	Zip			Country			Fee R			
THOMAS, MOLINARE 730 S.W. 48 ST MIAMI FL 33155 City FL Zip Code		6. Name and Address of Curren	nt Registered Agent	NI	7.	Name and Address of New Re	gistered Agent		-	
Street Address (P.O. Box Number is Not Acceptable)	TUOLIAG	MOUNTAGE		Name						
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				Street Add	Street Address (P.O. Box Number is Not Acceptable)					
B. 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 colligations of registered agent and the faspitable (INDEE Registered Agent injunities of registered agent and the faspitable (INDEE Registered Agent injunities occurred when neveraling) FILE NOW!NLEEE. IS, \$150,00	MIAMI FL	33155								
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		ertify that the information supplied wi	th this filing does not qualify for		in Section	1 119 07(3)(i) Florida Statutes Lt	urther certify the	t 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: