FOR PROFIT CORPORATION. **UNIFORM BUSINESS REPORT (UBR)**

FILED Jun 24, 2002 8:00 am Secretary of State 05-24-2002 91341 039 ***150.00

1. Entity Na		•	00012		\checkmark	03-24-2002 3	1341 037 130.00
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	DO NOT	WRITE	IN THIS	SPACI			4
2. Principal	Place of Business	<u>, 5</u> + .	3. Mailing Addres	· //-	S #_	100	
Suite, Ap		706	Suite, Apt. #, etc	_	<u>م</u> ا	DO NOT WRITE IN THIS S	SPACE
City & Sta		Ja le a	City & State	ber Lale		4. FEI Number - 6896374	Applied For Not Applicable
Zip 72	309 Cour	tiy	zip 33309	,	Laward		\$8.75 Additional
				See See		7. Name and Address of Current Registered	
3 T		victavi.	VI		Name Has	san Ashwas	
	Comment of the second second second	NOTEWF	Was a final training and the second		Street Address (P.O. Box Number is Not Acceptable)	
		HISESPA	ACE		300 5	5. Powerling R	7.
					City Des	enfield izen. FL	2ip.Code 2 4 4 7
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.							
SIGNATURE		rume of regulared agent and	ule / applicable.	(NOTE: Registered /	gent signeture requires	when reinstating) DATE	
9. This corp	poration is eligible to s	atisfy its Intengible		y 1]: May 1: Fee		48 Election Companies Figuresian	85.00
				r May 1, Fee is		10. Election Campaign Financing	\$5.00 May Be Added to Fees
	g requirement and elec- eria on back)	<u>Z</u>	Make Check	nended UBR is Payable to Dep		Trust Fund Contribution.	: Adoed to Fees
11.		OFFICERS AND DI	Make Check RECTORS	Payable to Dep		9 26:	
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13. I hereby certify that the information supplied with this filling does not quality 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

954-570-7143 02