## FILED Aug 15, 2003 8:00 am Secretary of State

## FOR PROFIT CORPORATION

| UNIFORM BUSINESS REPORT (UBR)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |                                                         |                                                                         | 08-15-2003 90080 041 ***150.00                 |                                                              |                                |                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------|--------------------------------|-------------------------------|
| DOCUMENT # p9900001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                            |                                                         |                                                                         |                                                |                                                              |                                | _                             |
| LYDIA HARRISON AND A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SSOCIATES, IN                                                                                                              | ic.                                                     |                                                                         |                                                |                                                              |                                |                               |
| DO NOT WRITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | E IN THIS SF                                                                                                               | PACE                                                    |                                                                         |                                                | 90150                                                        | 560                            |                               |
| 2. Principal Place of Business<br>2525 SW 3RD AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            | 3. Mailing Address  2525 SW 3RD AVE  Suite. Apt. # etc. |                                                                         |                                                | . DO NOT WEITE IN                                            | TI 40 004 0                    |                               |
| Suite, Apt. #, etc. SUITE 306                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | SUITE 306                                                                                                                  |                                                         |                                                                         | DO NOT WRITE IN THIS SPACE                     |                                                              |                                |                               |
| City & State MIAMI FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | City & State MIAMI FL                                                                                                      |                                                         |                                                                         | 4. FEI Numb                                    | 5-0905526                                                    |                                | Applied For<br>Not Applicable |
| Zip Country<br>33129 USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                                                                                                          |                                                         | Country USA 5. (                                                        |                                                | Certificate of Status Desired \$8.75 Additional Fee Required |                                |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            | Non                                                     |                                                                         | 7. Name and                                    | Address of Current Regi                                      | stered Age                     | nt                            |
| DO NOT WRITE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                                                         | STRICKROOT, JOHN C Street Address (P.O. Box Nurriber is Not Acceptable) |                                                |                                                              |                                |                               |
| IN THIS S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PACE                                                                                                                       |                                                         | 100                                                                     | S.E. 2                                         | ND STREET,                                                   | 17TH                           | FLOOR                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                                                         | City MIAMI FL Zip Code 33131                                            |                                                |                                                              |                                |                               |
| The above named entity submits this statement the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | for the purpose of changing its                                                                                            | registered offic                                        |                                                                         |                                                | oth, in the State of Florida.                                | I am familia                   |                               |
| · -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                            |                                                         |                                                                         |                                                |                                                              |                                |                               |
| SIGNATURE Signature, would or printed marine of registered ago                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | nt and like if applicable. (NOT                                                                                            | E: Hugisterna Agent                                     | signistura require                                                      | d when rolestaveq)                             | 1/2                                                          | DATE                           |                               |
| Januery 1; May 1 Fee is \$150.00<br>After May 1 Fee is \$550.00<br>Amended UBR Is \$61.25<br>Make Check Payable to Florida Department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            |                                                         | 4                                                                       | ection Campaign Financinust Fund Contribution. | ng 🗆                                                         | \$5.00 May Be<br>Added to Fees |                               |
| at the contract the contract of the contract o | D DIRECTORS                                                                                                                | A Walter                                                |                                                                         | Selection of the                               | e re-reported All A Villa                                    | 31.190yc44                     | And the Street Williams       |
| NAME HOUGHTON, PETER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                            | TITLE NAME<br>STREET ADDR                               | ESS                                                                     |                                                |                                                              |                                |                               |
| CITY-SI-ZIP DT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | #306                                                                                                                       | CITY-ST-ZIP                                             | 越快速                                                                     | of that per in                                 |                                                              |                                |                               |
| NAME HOUGHTON, ANNEN STREET ADDRESS 2525 SW 3RD AVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                            | TITLE<br>NAME<br>STREET AODE                            | ESS                                                                     |                                                |                                                              |                                |                               |
| CITY-ST-ZIP MIAMI, FL 33129                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            | CITY - ST - ZIP                                         | recommendation of the second                                            |                                                |                                                              |                                |                               |
| TIFLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | والمراجع المراجع الم <del>حاجم المراجع المرا</del> | TITLE                                                   |                                                                         |                                                |                                                              |                                |                               |
| STREET ADDRESS ONY-ST-JIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                                                         | ESS                                                                     | DO NOT WRITE                                   |                                                              |                                |                               |
| TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                            |                                                         |                                                                         |                                                | V THIS SI                                                    | PACE                           |                               |
| STREET ADURESS CITY-ST-ZIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            | . STREET ADDI                                           | (                                                                       |                                                |                                                              |                                |                               |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            | TITLE                                                   |                                                                         |                                                | <b>u</b>                                                     | ***                            |                               |
| NAME  CTREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                            | NAME<br>ŠTREET ADDI                                     | RESC                                                                    |                                                |                                                              |                                |                               |
| CITY-SI-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            | CITY-ST-ZIF                                             |                                                                         |                                                |                                                              | <del></del>                    |                               |
| TITLE NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                            | TITLE                                                   |                                                                         | •                                              |                                                              | •                              |                               |

12. Thereby certify that the information supplied with this fitting 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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CIREET ADDRESS

CITY - ST-7#

## attachment



August 7, 2003

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500



Re:

Lydia Harrison And Associates, Inc.

EIN# 65-0905526

Document #P99000015092

The above taxpayer received the 2003 Uniform Business Report showing the original report as never being received by your department. The taxpayer sent in the report on April 17, 2003 with check no. 2083 for \$ 150.00 and apparently your department has lost it because it never cleared their bank.

Enclosed please find a newly signed 2003 Uniform Business Report sent by your department to the taxpayer along with a newly reissued check for \$150.00.

Please accept the attached signed form and newly reissued check from the taxpayer.

If you have any questions please do not hesitate to contact us.

Sincerely,

999 Ponce de Leon Blvd. Suite 1045 Coral Gables, FL 33134

Tel 305.444.8288 Fax 305.444.8280

5415 Mariner Street Suite 215 Tampa, FL 33609

Tel 813,636,0609 Fax 813.636.9223

www.ogz-cpa.com

Members of:

American Institute of Certified Public Accountants Florida Institute of Certified Public Accountants National Association of Certified Valuation Analysts

OCARIZ, GITLIN & ZOMERFELD, LLP

Trevor B. Chadderton, C.P.A.

For the firm

TBC/an

Encl.

PLEASE ACKNOWLEDGE RECEIPT OF THIS LETTER BY RETURNING A COPY IN THE ENCLOSED SELF-ADDRESSED ENVELOPE.