FOR PROFIT CORPORATION—UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State

DOCUMENT # 1. Entity Name MIMI & MICH	799000017 AEL'S HOME SI	05-15-2002 90081	030 ***150.00	
DO NOT	WRITE IN THIS	SPACE		
2. Principal Place of Business 5312 GALTY Suite, Apt. #, etc.	Binc# 4 53/2 G Suite, Apt. #, etc	REY BIRCHLA	DO NOT WRITE IN THIS SPA	ACE
BYNTON BEA ZB Count	CH FI. BOYNT BOYNT CITY USA State BOYNT	W BEACH FL. Country USA		Applied For Not Applicable 3.75 Additional e Required
To Name and Address of Current Registered Agent Name MICHAEL ROCENBLUM Street Address (P.S. Box Jumper is Not Acceptable) City BOY WYON BEACH THE TIPS OF THE TOTAL PROPERTY OF THE TOTAL PROPERT				
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. SIGNATURE Signature, typed or printed robus of registered agent and title If a policiable. INOTE: Registered Agent signature required when reinstating) DATE				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) OFFICERS AND DIRECTORS January 1 May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State.				
NAME NAME STREET ADDRESS CITY-ST-ZIP HILE NAME MICHAE	OFFICERS AND DIRECTORS IT IZERIN ROSENBLO LEY BIRCH LA LA BEACH FI 334 LY TROPS LY BIRCH LA	1011.6 NAME STREET ADDRESS CITY: STYAP. TITLES NAME STREET ADDRESS CITY: STYAP. STREET ADDRESS CITY: STYAP. 3.7 CITY: STYAP.		CRZE034B (12/01)
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS COTY ST 2/P 200	DO NOT WRIT	
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY ST-ZIP	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		NAME STREET ADDRESS CITY ST. PR.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HTTLE NAME STREET ADDRESS! CITY-ST-2IP		
13. Thereby certify that the information supplied with this filing 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 11 or on an attachment with an address, with all other like empowered.				