FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)				Apr 23, 2002 8:00 am	
DOCUMENT # P99000029384 1. Entity Name Super J. Conjocation				Secretary of State	
1. Littiky Mai	Super d.	CARPORATION	\sim	04-25-2002 50440 002 150.00	
	DO NOT WRIT	E IN THIS SE	PACE	- 9 0 0	
	Place of Business 55 N - Seworal B	3. Mailing Address	EMORAN BLV	$\overline{\mathbf{p}}$	
Suite, Apt		Suite, Apt. #, etc.	_	DO NOT WRITE IN THIS SPACE	
City & Stat جے دد کھے	SSECBERRY, FC	City & State-	ERRY, FL	4. FEI Number Applied Fo. Not Applie	
Zip 32	Country	32707	Country	5. Certificate of Status Desired	2010
•			Nome	7. Name and Address of Current Registered Agent	
	DO NOT V	VRITE		SIU WING CASAGE (P.O. Box Number is Not Acceptable)	
	IN THIS S		Discer Address	(I.O. Box Number is Not Acceptable)	{
Ÿ		IAOL	1455	N. SEMBRON BUD, #127	
			CASS	SECBERRY FL Zip Code	
8. The above	named entity submits this statements **	It for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating) DATE	
9. This corpo	pration is eligible to satisfy its Intangi		ay 1 Fee is \$150.00		\dashv
Tax:filing:requirement and elects to do so.		After May	l. Fee is \$550.00. UBR is \$61.25	\$5.00 Mey E Trust Fund Contribution. Added to Fees	e-=-
11.		Make Check Payabl ND DIRECTORS	e to Department of St	ate	
TITLE	P. 0	· · · · · ·	TITLE		
NAME	CHECKY, SILL WIN	4	NAME		
STREET ADDRESS CITY-ST-ZIP	1455 N. SEMOR DASSEC BERLY	ANBUN, A127	STREET ADDRESS CITY-ST-ZIP		
TITLE	UNSSEC BETCHY	, HC 32707	TITLE		
NAME			NAME .	· ·	
STREET ADDRESS			STREET ADDRESS		.
CITY-ST-ZIP	,		CITY-ST-ZIP		
TITLE NAME			TITLE NAME		
STREET ADDRESS			STREET ADDRESS	DO NOT WOITE	
CITY-ST-ZIP			CITY-ST-ZIP	DO NOT WRITE	
TITLE NAME			TITLE NAME	IN THIS SPACE	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	#70M/m.		CITY-ST-ZIP		
TITLE			TITLE		
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP	· ·	•	CITY-ST-ZIP		
TITLE			TITLE		\dashv
NAME STREET ADDRESS	. *		NAME STREET ADDRESS		

13. I hereby 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.

CITY-ST-ZIP

THOUSE CHENT, SILL WING PRES. 4-9-02-SIGNATURE: **Ø**

CITY-ST-ZIP

