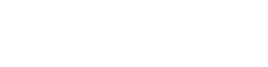
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P99000030443 **DOCUMENT#**

1. Entity Name PROFIT PARTNERS, INC.

Principal Place of Business 265 SW PORT. ST. LUCIE BLVD. Mailing Address

265 SW PORT. ST. LUCIE BLVD.



05-01-2003 91007 038 ***150.00

FILED
May 01, 2003 8:00 am
Secretary of State

SUITE 210		SUITE 210					
PORT ST. LU	T ST. LUCIE FL 34984 PORT ST. LUCIE FL 34984		4				
2. Principal Place of Business		3. Mailing Address		I CORPORADA SAN AMISA DOLLA MODELA MASSA D	1811		
Suite, Apt. #, etc.		Z44 SW DALTON CIRCLE Suite, Apt. #, etc.					
					CHECK HERE IF	MAKING CHANGES	· · · · · · · · · · · · · · · · · · ·
Pory Stat	T. Lucie, FL	PORT SP. (ucie, f	1	4. FEI Number 65-0889596	N	pplied For lot Applicable
3495	Country	394953	Country		5. Certificate of Status Desired	\$8.75 Ad Fee Require	lditional ed
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent			
RERNARD), MICHAEL D	Name MICHAELD. BERNARD					
	PORT ST LUCIE BLVD #210	Street Address (P.C			O. Box Number is Not Acceptable)		
	INT LUCIE FL 34984	244 51			DALTON CIRCLE		
	1		City POON ST. LUCIE FL 326953				
8. The above named entity supprits 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 against							
SIGNATURE Signature, typed or printed rigge of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
F	ILE NOW!!! FEE(18 \$150.00						
	May 1, 2003 Fee will be \$550.00				 Election Campaign Finand Trust Fund Contribution. 		00 May Be
Make Check	Payable to Florida Department o	f State			irust Fund Continbution.	☐ Adde	d to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11
TITLE	PD X	☐ Delete	TITLE	YP	esident - Pirectal	Change	Addition 3
NAME .	BERNARD, MICHAEL D 265 SW PORT ST LUCIE BLVD :	#O10	NAME CEREST ARREST	2	ICHABL D. DERI	SARD/	1 - 1
STREET ADDRESS :	PORT SAINT LUCIE FL 34984	72 IU	STREET ADDRESS CITY-ST-ZIP	0	14 SW DALT	ON - 11	CE
TITLE	STD	☐ Delete	TITLE	5 7	D D	FL 39	Addition
NAME	BERNARD, RICHARD P	CT Delete	NAME	゙゙゙゙゙゙゙゙゙゙゙゙゙゙ヿ゚゙゙゙゙゙゙゙	ICHAND BERNA	mb. Chaige	
STREET ADDRESS	265 SW PORT ST LUCIE BLVD	¥ 210	STREET ADDRESS	24	45W DKLTON	Circle	<u>-</u>
. CITYST-ZIP=	-PORT-SAINT-LUCIE FL 34984 = -		CITY-ST-ZIP	Pol	BY ST. LUCIA	FL 349	53
TITLE		☐ Delete	TITLE	-		☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition
name Street address			NAME Street Address				
C!TY-ST-ZIP			CITY-ST-ZIP				
TITLE		□ Delete	TITLE			☐ Change	☐ Addition
NAME		L Delete	NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME	•		NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby of indicated	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for true and accurate and that m	the exemption state	ed in Sec	ction 119.07(3)(i), Florida Statutes. I fur ame legal effect as if made under oath	ther certify that the is	nformation or director

of the corporation or the receiver changed, or on an attachment w o execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: