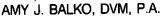
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000041039 **DOCUMENT #**

1. Entity Name





FILED Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90081 013 ***150.00

				COD WE IN			
Principal Place of Business 15825 PINES BOULEVARD PEMBROKE PINES FL 33027			Mailing Address 15825 PINES BOULEVARD PEMBROKE PINES FL 33027				
2. Principal Place of Business		3. Mailing Address			-	IPM BBIBS Hits 3611 taat	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4. FEI Number 65-0916433	Applied For Not Applicable	
Zip	Country	Zip	Zip Country			.75 Additional Required	
6 Nan	ne and Address of Ci	urrent Registered Agent	a gramm		7. Name and Address of New Registered Ager	nt	
BALKO, MICHAEL B				Name Street Address (P.O. Box Number is Not Acceptable)			
15825 PINES BOUL PEMBROKE PINES							
				City		Zip Code	
8. The above named en the obligations of reg	tity submits this stater istered agent.	ment for the purpose of chan	ging its registere	ed office or registe	ered agent, or both, in the State of Florida. I am fami	liar with, and accept	
SIGNATURE Signature, typ	ped or printed name of register	red agent and title if applicable.	(NOTE: Registere	d Agent signature require	ed when reinstating) DATE		
	VIII FEE IS \$150. 2003 Fee will be \$5 to Florida Departn	50.00			9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
		O AND DIRECTORS	11		ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11	

Make Check							
10.	OFFICERS AND DIRECTOR	RS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALKO, AMY J 6685 SEGOVIA WAY PEMBROKE PINES FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addi		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP BALKO, MICHAEL 6685 SEGOVIA WAY PEMBROKE PINES FL 33331	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Add		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	• ,	Change Add		

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: