2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000041205

1. Entity Name

JAIRO ARAGON, P.A.



FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90918 016 ***150.00

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City & State	2. Principal Place of Business		3. Mailing Address			-					
Set Country Zip Country 5. Certificate of Status Desired \$6. Name and Address of Current Registered Agent 5. Certificate of Status Desired \$6. \$75. Additional For Required \$6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and A	Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
6. Name and Address of Current Régistèred Agent JOSEPH K. NOFIL, P.A. JOSEPH K. NOFIL, P.A. JOSEPH K. NOFIL, P.A. Street Address (P.O. Box Number is Not Acceptable) City F.L. Zio Code City	City & State		City & State			4. FEI	Number 65-0917217		— —	``]
Name Name Street Address (PO. Box Number is Not Acceptable)	Zip Country		Zip Country								
JOSEPH K. NOFIL, P.A. 3284 NORTH STATE ROAD 7 LAUDERDALE LAKES FL 33319 City FL Zip Code City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The obligators of registered agent. Signature Function of registered agent. Signature File NOW!! FEE IS 150.00 After May 1, 2003 Fee will be 5550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS THE PASTD AGGIN AJRO STREET ADDRESS CITY-S1-2P THE AMAGE STREET ADDRESS CITY-S1-2P THE MAKE STREET ADDR		6. Name and Address of Current	Registered Agent		T /2 02-12-7	7. Nar	ne and Address of New Re	gistered A	gent	**]
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		certify that the information supplied with	this filing does not qualify for			ection 119).07(3)(i). Florida Statutes III	further certif	v that the	information	1

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:

Daytime Phone #