FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P99000050301 ORLANDO CUSTON JWIR + REPA					05-15-2002 90064 010 ***150.00		
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DO	NOT WRITE	IN THIS S	PACE				
2. Principal Place of 7609	Business D · OBT	3. Mailing Address					
Suite, Apt. #, etc.	/ !	Suite, Apt. #, etc.	* HUE	7.7	DO NOT WRITE IN THIS SPACE		
City & State Orlando Fl 32809		City & State			4. FEI Number 65-0938921 Applied For Not Applied For		
Zip	Country	Zip	Country	1		0.0	Not Applicable 3.75 Additional
			多為人生理论		Certificate of Status Desired	Fe	e Required
			Na	me Grac	7. Name and Address of Current		gent
	DO NOT W	RITE		me Grege	ory L. Purn		
	IN THIS SP		30	eel Address (P	O.Box Number is Not Acceptabl	e)	
		AVE		7/03	Ferrier Cp.		
			Cit	Orlan	Do	FL	Zip C3d2 835
8. The above named a	entity submits this statement for	the purpose of changing it:	s registered offi	ce or registere	d agent, or both, in the State of Flo	orida.	
SIGNATURE							Í
	sped or printed name of registered agent ar	ad fille if applicable. (NO	E: Registered Agent	signature required w	rien reinstating)	DATE	
 This corporation is a filling requirement (See criteria on back) 	eligible to satisfy its Intangible ent and elects to do so, ck)	After May	lley 1 Fee is 1, Fee is \$55 d UBR is \$61	0.00 (***** '26	10. Election Campaign Fin Trust Fund Contribution	nancing	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	Make Check Paya IRECTORS	Die to Departi	nent of State			7.0002.07.003
TITLE P			TITLE	e de la companya de l			
NAME PUZ	ME UZon Gregory				The Control of the Control		
NAME PUZON Gregory STREET ADDRESS 7103 Ferrier CT. Driango F1 32835			STREET ADDR	ESS			CR2E034B (12/0)
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NAME VICT	tona Q. Purm		NAME				H
STREET ADDRESS 7/0 CITY-ST-ZIP Or CA	5 Ferrer Ct.		STREET ADDR	ss			J. A. C. S.
INTLE	mes, F1 52820		CITY-ST-ZP		A Branch Committee Co		
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TY-ST-ZIP			CITY ST-2IP				
 I nereby certify that the indicated on this report of the corporation or 	the information supplied with this ort or supplemental report is true the receiver or trustee empour	s filing does not qualify for the and accurate and the available the ava	the exemption s y signature sha	stated in Section	n 119.07(3)(i), Florida Statutes. I fu le legal effect as if made under oa	arther certify the	at the information

hapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

407-240-2878