

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90243 018 ***150.00

DOCUMENT # P99000050954
1. Entity Name
JAMES D. HARTNETT, INC.

DO NOT WRITE IN THIS SPACE

11017133

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|---|--|---|--|
| 2. Principal Place of Business 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 750 City & State MIAMI, FL Zip 33134 | | 3. Mailing Address 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 750 City & State MIAMI, FL Zip 33134 | |
| Country U.S.A. | | Country U.S.A. | |

DO NOT WRITE IN THIS SPACE

| | |
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| 4. FEI Number 65-0938868 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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7. Name and Address of Current Registered Agent

| | |
|---|----------------------|
| Name HARTNETT, JAMES D. | |
| Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD. SUITE 750 | |
| City MIAMI | FL Zip Code 33134 |

8. The above named entity submits 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 agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|--|--|
| January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|

| 10. OFFICERS AND DIRECTORS | | | |
|--|--|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D HARTNETT, JAMES D. 2100 PONCE DE LEON BLVD. #750 CORAL GABLES, FL 33134 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE: *James D. Hartnett* DATE: April 22 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)

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