FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 11, 2002 8:00 am Secretary of State

DOCUMENT # PAGOOOD52194						03-11-2002 90088 004 ***150.00			
DO NOT WRITE IN THIS SPACE						TAVAT			
	lace of Business	3. Mailing Address	3. Mailing Address			· ·			
// <i>300</i> Suite, Apt.	NW 52 57.	P. 0 Bo-1 9897 Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
Odito, Apt.	# ₁ oto.					4. FEI Number Applied For			
City & State	SPYINGS, FL.	CORAL SPSINGS EL.			'	4. FEI Number 650933/3	50	Not Applicable	
3307		33075	Cour			5. Certificate of Status Desired	□ \$	8.75 Additional ee Required	
				Name	7.	Name and Address of Curren	Registered A	Agent	
DO NOT WRITE					EUSENIO CHARRY				
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable)				
	IN THIS SP	ACE		DAK	OAL.	SPELNES	Flu	39076	
	Λ	/)		City	<u> </u>	11-11-12	FL	Zip Code	
B. The above	named entity submits this statement to	the purpose of changing its	register	ed office or	registered	agent, or both, in the State of Fl	orida.	J	
SIGNATURE _	Signatury, typed or printed name of prigistered agent a	nd title if applicable. (NOT	E: Registere	d Agent signatur	re required wh		DATE	2	
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. After May 1, Amended L							\$5.00 May Be Added to Fees		
11.	OFFICERS AND I	DIRECTORS							
TITLE NAME	President	/	TIFL Nam	i i		•			
STREET ADDRESS	CORAL SPONE	l	STRI	ET ADDRESS					
CITY-ST-ZIP	CORAL SPOINT	5 FL. 33070	City	-ST-ZIP					
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NAME STREET ADDRESS				ET ADDRESS					
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Name Street address			nam Stri	EET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE		,	TITL	E					
NAME		\wedge	NAM						
STREET ADDRESS CITY-ST-ZIP	A	/)		EET ADDRESS ST-ZIP					
1	certify that the information supplied with	this filing does not qualify for			ed in Secti	ion 119.07(3)(i), Florida Statutes.	I further certif	y that the information	

13. I hereby certify that the information subplied with thy 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 the 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 justice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all fitting like empowered.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-02

954)346 331 Dayting Phone #

Daytime/Phone #