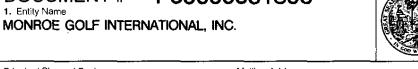
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000061806



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90212 008 ***158.75

Principal Place of Business 1155 HERON BAY BLVO SUITE 301 CORAL SPRINGS FL 33076 2. Principal Place of Business	1155 HERON BAY BLVD SUITE 301 CORAL SPRINGS FL 33076 esso 3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u> </u>	CHECK HERE	☐ CHECK HERE IF MAKING CHANGES		
Coko Cornel	FL City &	State		4. FEI Number 65-0956590	 	pplied For lot Applicable	
Zip Country	JANA Zip		Country	5. Certificate of Status Desired	\$8.75 Ad Fee Require		
	ess of Current Registered	Agent		7. Name and Address of New F	legistered Agent		
			Name	•			
HRAWG CORP. 1801 N. MILITARY TRAIL			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
SUITE 200	•		,				
BOCA RATON FL 33431			City	,	FL Zip Coo	de e	
The above named entity submits the obligations of registered agen		e of changing its re	gistered office or regist	ered agent, or both, in the State of Flo	orida. I am familiar with,	, and accept	
SIGNATURESignature, typed or printed name	ne of registered agent and title if applica	ible. (NOTE: F	Registered Agent signature requir	red when reinstating)	DATE		
FILE NOW!!! FEE IS After May 1, 2003 Fee w Make Check Payable to Florida	II be \$550.00 Department of State	·		9. Election Campaign Fir Trust Fund Contributio	n. Adde	00 May Be ed to Fees	
1-4-	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFF		AS IN 11	
ITLE AME AME TREET ADDRESS ITY-ST-ZIP PST MONROE, JOHN S 7289 NW 127TH W PARKALAND FL 33		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	(Addition	
ITLE IAME STREET ADDRESS ITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
ITLE AME TREET ADDRESS FTY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	☐ Change	Addition	
indicated on this report or supple	emental report is true and ac	curate and that my	signature shall have the required by Chapter 60	Section 119.07(3)(i), Florida Statutes, e same legal effect as if made under o 07, Florida Statutes; and that my name	oath; that I am an officei	r or director	

SIGNATURE: