FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 990000 70283

1. Entity Name

GA Management, Inc.

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90981 046 ***150.00

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|--------------------------------------|--|--|----------------|--|--|--|
| DO | O NOT WRITE | IN THIS S | PAC | Έ | 3004980 | 4 |
| 2. Principal Place | of Business | 3. Mailing Address | | | • | • |
| Suite Apt # at | 05 NW 12751 | Suite, Apt. #, etc. | | | | S CDACE |
| Suite, Apt. #, etc. | | oute, Apr. W. Co. | | | DO NOT WRITE IN THIS SPACE | |
| City Plate Penes Pl | | City & State | | 4. FEI Number Applied For Not Applicable | | |
| 33026 | Braward | Zip | Country | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | | | Name | 7. Name and Address of Current Register | ed Agent |
| | DO NOT W | DITE | | 60 | z Halli | |
| | 建筑多种区域产品等的产品产品的 通过进 | | <u> </u> | _Street Address (F | P.O., Box. Number is, Not Acceptable) = == = | |
| | IN THIS SP | ACE | | 1/905 | N.W.12 54. | |
| | | | | City Don L | ke Poses F | Zip Code |
| 8. The above name | ed entity submits this statement for | the purpose of changing i | its registere | ed office or registere | ed agent, or both, in the State of Florida. I am | - 220 |
| the obligations of | of registered agent. | | | | | · |
| SIGNATURE | | | | | | |
| Signat | ture, typed or printed name of registered agent a y 1 - May 1. Fee is \$150.00 | nd title if applicable. (NO | OTE: Registere | d Agent signature required | when reinstating) DATE | |
| Afte | r May 1, Fee is \$550.00 | | | | 9. Election Campaign Financing | \$5.00 May Be |
| | nended UEIR is \$61.25 able to Florida Department of | State | | | Trust Fund Contribution. | Added to Fees |
| 10. | OFFICERS AND | DIRECTORS | | ngs pagangan ng ngan | | rante same mensus mensus de la com- |
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| i nereby certify | that the information supplied with | inis illing does not qualify f | or the exer | nption stated in Sec | ction 119.07(3)(i), Florida Statutes. I further c | ertify that the information |

2. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.0/(3)(i), Florida Statutes, Flurther certify that the information indicated on this report or suppliemental 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:

SIGNATURE AND UPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3//03

678-484-1082 Daytime Phone # CR2E034B (12/02)