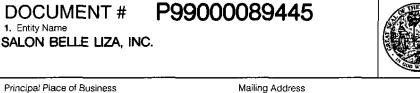
Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90180 050 ***150.00

2003 FO	R PROFIT C	ORPORA	TION
UNIFORM	BUSINESS	REPORT	(UBR)

DOCUMENT#



3310 BAY TO BAY BLVD. #102 3310 BAY TO BAY BLVD. #102 TAMPA FL 33629										
2. Principal P	lace of Business	3. Mailing Address	Which	Ver	np (()		 		1 001 1 011 1001
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES						
City & State	е	City & State				4. FEIN	. FEI Number 59-3606656			oplied For ot Applicable
Zip	Country	22/p/1	Cou	ntry 150		5. Certi	ficate of Status Desired		8.75 Add ee Require	
	6. Name and Address of Current R	egistered Agent				7. Nam	e and Address of New Re	gistered A	jent	
ESPARZA,	IISA			Name						
_	TO BAY BLVD. #102			Street A	ddress (P.	O. Box N	lumber is Not Acceptable)			
TAMPA FL										
				City				FL	Zip Code	е
	named entity submits this statement for ions of registered agent.	the purpose of changing	its register	red office or	registere	d agent,	or both, in the State of Flori	da. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable. (Ne	OTE: Register	ed Agent signatu	re required w	vhen reinstati	ng)	DATE	<u>.</u>	
	ILE NOW!!! FEE IS \$150.00									
	May 1, 2003 Fee will be \$550.00						Election Campaign Fina Trust Fund Contribution.			May Be
	Payable to Florida Department of	State				•	irust Fund Contribution.	ш	Added	10 rees
10.	OFFICERS AND D	IRECTORS	11.			ADDITI	ONS/CHANGES TO OFFIC	ERS AND	IRECTOR!	3 IN 11
TITLE	P	☐ Delete	TITL	.E		•			Change	☐ Addition
	ESPARZA, LISA ROSE		NAM							ĺ
STREET ADDRESS CITY-ST-ZIP	730 SEAGATE DR			EET ADDRESS Y-ST-ZIP						j
	TAMPA FL 33602	Поль						<u> </u>	☐ Change	☐ Addition
TITLE NAME		☐ Delete	TITL						Change	L. Addition
STREET ADDRESS				EET ADDRESS	- 1 ² h					ĺ
CITY-ST-ZIP			CITY	Y-ST-ZIP		-				
TITLE		☐ Delete	TITL	.E					Change	☐ Addition
NAME			NAN		· ~ ~ .	- 1				
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CITY-ST-ZIP	<u> </u>			Y-ST-ZIP						
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TITLE		☐ Delete	TITL	E			·	[Change	Addition
NAME			NA _N							- 1
STREET ADDRESS				EET ADDRESS						ļ
CITY-ST-ZIP				Y-ST-ZIP						
TITLE NAME		☐ Delete	TITL					l	Change	Addition

12. I hereby certify that the information supplied with this filling 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP