	U	003 FOR PROF	ESS REPOR	RATION T (UBR)	FILED Feb 07, 2003 8:00 am
Stor     Build Link ADR     Stor     Build Link ADR       2.     Process Place of Businuss     3. Mailing Address       Suite, Apr. #. do.     Suite, Apr. #. do.       City & State     C. Hercon Place of Businuss     3. Mailing Address       Zip     Control     Suite, Apr. #. do.       City & State     C. HEI Number / State     C. HEI Number / State       Zip     Control     S. Control     S. Control       Zip     Control     S. Control     S. Control       A. Halma and Address of Current Registered Agent     T. Name and Address of New Registered Agent       Stor     Mainteen Registered Agent     Name       GALLO, MARINA     Store Haddress of New Registered Agent       TAMARAC FL 33319     City Carbon       Bit Address of New Registered Agent     Name       The Address of New Registered Agent     Store Haddress of New Registered Agent       TAMARAC FL 33319     City Carbon       Bit Address (PO, Diox Number is Not Acceptable)     Store Haddress of New Registered Agent       The Address of New Registered Agent     Store Haddress of New Registered Agent       TAMARAC FL 33319     Other Store	1. Entity Na	ame	00092170		Secretary of State 02-07-2003 90106 004 ***150.00
Sulte, Apt. #, etc.       Sulte, Apt. #, etc.       CHECK HERE IF MAKING CHANGES         City & State       City & State       Check Here IF MAKING CHANGES         Zip       Zip       Country       Zip         Applied Fair       Zip       Sulte, Apt. #, etc.       Sulte, Apt. #, etc.         GALLO, MARINA       Zip       Country       S. Certificate of Shuto Degired       \$9.757_640616mal Peer Registreed Agent         GALLO, MARINA       Name       Name       Stront Address of New Registreed Agent       Name         GALLO, MARINA       Stront Address (PO. Box Number Is Not Acceptable)       The About Address of New Registreed Agent       Stront Address (PO. Box Number Is Not Acceptable)         TAMARAC FL 33319       City       FL       Zip Cone         Stront Address of Origine Provide of Changing Its registered agent, or both, in the State of Fonds. 1 am familiar with, and acceptable)       That Stront Address of Origine Provide Address of Control. 1 am familiar with, and acceptable)         Stront Address 1 your Address of Origine Provide Address of Control Address of Origine Provide Address of Control. 1 am familiar with, and acceptable of Fonds. 1 am familiar with, and acceptable of Fonds Dapatriment of State       Intel Address of Control. 1 am familiar with, and acceptable of Fonds. 1 am familiar with, and acceptable of Fonds Dapatriment of State         0       Origine Provide Dapatriment of State       Intel Address of Origine Provide Address of Origine Provide Address	5707 Melai Tamarac F	LEUCA DR	5707 MELALEUCA DRIVE		
City & State City	2. Principal	Place of Business	3. Mailing Address		
City & State     City & State     4. FET Number     Generation     Applied Formation       Zip     Country     Zip     Country     8. Cartificate of Status Dealed     State       GALLO, MARINA- 5707 MELALEUCA DRVE     Name and Address of Current Registered Agent     Name and Address of New Registered Agent     Name and Address of New Registered Agent       GALLO, MARINA- 5707 MELALEUCA DRVE     Name and Address of New Registered Agent     Name and Address of New Registered Agent     Difference       Grave and address of New Registered Agent     Name and Address of New Registered Agent     Name and Address of New Registered Agent     Difference       Grave and the state of Proceed agent, in the State of Florida. Lan familiar with, and accept the obligations of registered agent, in the State of Florida. Lan familiar with, and accept the obligations of registered agent.     Intel Florida Department of State     Intel Florida Department of State       CRANTURE     Event North Proceed and registered agent.     Intel Florida Department of State     Intel Florida Department of State     Intel Florida Department of State       0     OFFICERS AND DIRECTORS     11.     ADDITIC/NS/CHANGES TO OFFICERS AND DIRECTORS     Intel Florida Department of State       14     \$ Gallo, MARINA     State     Intel Florida Department of State     Intel Florida Department of State       14     \$ Gallo, MARINA     Deale     Intel Florida Department of State     Intel Florida Departer New Registered Agent	Suite, Apt. #, etc. Suite, Apt. #, etc.				
2.p         Country         Zip         Country         6. Cartificate of Status Desired         Sta75 Additional Fee Required           6. Name and Address of Current Registered Agent         7. Name and Address of New Registered Agent         Name           GALLO, MARINA 5707 MELALEUCA DRIVE         Name         Name         Name           Gallo, MARINA 5707 MELALEUCA DRIVE         Street Address (P.O. Box Number is Not Acceptable)         The above named entity submits the statement for the purpose of changing its registered office or registered agent, or box, in the State of Florida. I am familiar with, and acceptable           1 The above named entity submits the statement for the purpose of changing its registered office or registered agent, or box, in the State of Florida. I am familiar with, and accept the obligations or registered agent.         If the state of Florida. I am familiar with, and accept the obligations of registered agent.           ICIN/URE         Bayewin food a purver rever dispondent specific dispondent s	City & State City & State		City & State	<u>,</u>	4. FEI Number 65-0955302 Applied For
	Zip			Country	5. Certificate of Status Desired S8.75 Additional
GALLO, MARINA- 5707 MELALEUCA DRVE TAMARAC FL 33319       Stroot Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent	Namo	
TAMARAC FL 33319  City  FL  City F	GALLO, MARINA				
City				Sireer Address	(PO. Box Number is Not Acceptable)
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or born, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  IGNATURE		0 FL 33319			· ·
GNATURE      Sequence, typed of proved nerve of regulation depose and title 1 applicable      (NOTE: Registered Agent signature recursor stem nervision(g)      Date      FICE NOWNIT: FEE IS \$150,00      Atter May 1, 2003 Fee will be \$550,00      able Check Payable to Florida Department of State      OFFICERS AND DIFECTORS      OFFICERS      OFFICERS AND DIFECTORS      OFFICERS      OFF	The above	a named antitu automite this state			
LE P Change Delete TTLE NAME GALLO, MARINA GALLO, MARINA GALLO, MARINA STREET ADDRESS TOY MELALEUCA DRIVE TAMARAC FL 33319 LE S GALLO, DIANA FORT LAUDERDALE FL 33319 CTY-ST-ZP FORT FLATTERT ADDRESS	Afte lake Chec	er May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		Trust Fund Contribution. Added to Fees
GALLO, MARINA       NAME         BET JODRES       STOT MELALEUCA DRIVE         TY-ST-ZP       TAMARAC FL 33319         LE       S         MME       GALLO, DIANA         STOT MELALEVCA DR       CIT-ST-ZP         VST-ZP       FORT LAUDERDALE FL 33319         LE       STRET ADDRESS         STOT MELALEVCA DR       STRET ADDRESS         STOT MELALEVCA DR       CIT-ST-ZP         VST-ZP       FORT LAUDERDALE FL 33319         LE       V       Delete         ME       GALLO, JOSE I         STOT MELALEVCA DR       STRET ADDRESS         STOT MELALEUCA DR       Change         V       STRET ADDRESS         STOT MELALGUCA DR       STRET ADDRESS         STOT MELALEVCA DR       STR		P			
ME       GALLO, DIANA       Change       Addition         REET ADDRESS       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIP         V       ME       GALLO, JOSE I       Change       Addition         ME       GALLO, JOSE I       Delete       TTLE       Change       Addition         ME       GALLO, JOSE I       Delete       TTLE       Change       Addition         ME       GALLO, JOSE I       Delete       TTLE       Change       Addition         KEET ADDRESS       GALLO, JOSE I       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         FORT LAUDERDALE FL 33319       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         LE       T       OCAMPO, MARSHA       Delete       TTLE       Addition         KEET ADDRESS       STOT MELALEVCA DR       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP         LE       ME       Delete       TTLE       NAME       Change       Addition         K-ST-ZIP       TAMARAC FL 33319       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP         LE       M       GALLO, HERMAN       STREET ADDRESS       CITY-ST-ZIP       CITY-ST-ZIP       CITY-ST-ZIP	REET ADDRESS TY-ST-ZIP	5707 MELALEUCA DRIVE		STREET ADDRESS	Change Addition
ME GALLO, JOSE I TADDRESS Y-ST-ZIP FORT LAUDERDALE FL 33319 LE T AE OCAMPO, MARSHA LET ADDRESS S707 MELALEVCA DR TAMARAC FL 33319 LE ADDRESS S707 MELALEVCA DR TAMARAC FL 33319 LE ADDRESS S707 MELALEVCA DR CHange Addition Delete TITLE M GALLO, HERMAN S707 MELALEVCA DR CHANGE STREET ADDRESS S707 MELALEVCA DR CHANGE STREET ADDRESS S707 MELALEVCA DR CHANGE STREET ADDRESS S707 MELALEVCA DR CHANGE STREET ADDRESS STREET ADDRESS STRE	me Reet address	GALLO, DIANA 5707 MELALEVCA DR	Delete	NAME STREET ADDRESS	Change Addition
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ME       GALLO, HERMAN       Intle       Change       Addition         FET ADDRESS       5707 MELALEVCA DR	ME IEET ADDRESS Y-ST-ZIP	5707 MELALEVCA DR TAMARAC FL 33319	Delete	NAME STREET ADDRESS	Change [] Addition
E       Inte       Change       Addition         ET ADDRESS -ST-ZIP       STREET ADDRESS CITY-ST-ZIP       Change       Addition         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 of the corporation or the receiver or trute and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director.	AE Eet address (- st-zip	GALLO, HERMAN 5707 MELALEVCA DR	Delete	NAME STREET ADDRESS	
of the corporation of the receiver or trustee empowered to execute this sense in that of the same legal effect as it made under oath; that I am an officer or director	IE EET ADDRESS '- ST - ZIP			NAME STREET ADDRESS CITY-ST-ZIP	
IGNATURE: _ GRENDERED 02/18/03	changed, c	oration or the receiver or trustee empow or on an attachment with an address, with	ered to everyte this series to	e exemption stated in Sec signature shall have the s required by Chapter 607,	ction 119.07(3)(i), Florida Statutes. I further certify that the information ame legal effect as if made under oath; that I am an officer or director Florida Statutes; and that my name appears in Block 10 or Block 11 if

Date

Daytime Phone #