FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

UNIFURM BUSINESS REPURI	(UBR) [-[LE])
DOCUMENT # 209000 096 1. Entity Name Eagle Manufacturing Inc.	57 02 HU 21 AM 0.01.
Facle Manufacturing Inc.	02 JUL 31 AM 9: 04
ought to the	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SP	ACE
2. Principal Place of Rusiness	
3775 Amalf Drive 3775 Amalf	Do NOT WRITE IN THIS SPACE
City & State Hollywood FL Hollywood Fl.	4. FEI Number Applied For Not Applicable
Zip Couritry Zip Zip	Country 5. Certificate of Status Desired
	7. Name and Address of Current Registered Agent
DO NOT WRITE	Street Address (P.O. Box Number is Not Acceptable)
IN THIS SPACE	
	3775 Amalfi Drive
The above named entity submits this statement for the purpose of changing its re	10114MONA FE 33021
The above named entity submits this statement for the purpose of changing its re	gistered office of registered agent, or both, in the state of Fiorida.
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTL: R	logistored Agent significant required when remissiting) DATE
	11 Fee is \$150.00
Amended	Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be UBR is \$61.25 Trust Fund Contribution. Added to Fees
11. OFFICERS AND DIRECTORS	
NAME Paul J. Cherry	TITLE NAME
STREET ADDRESS 3775 Amalfi Drive. CITY-ST-ZIP Hollywood FL 33021	
THE President	CITY ST- IP
STREET ADDRESS 3277 Amal C. Dave	NAME STREET ADDRESS
CITY-ST-ZIP 3HOPLY WOOL FL 33021	CIT'-ST-ZP
TITLE / NAME	TITE!
STREET ADDRESS CITY: ST-ZIP	STREET ADDRESS CITY ST-272 DO NOT WRITE
TITLE	IN THIS SPACE
NAME STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	(CITY ST-ZP)
FITLE NAME .	HALE
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY: ST-ZP:
TITLE	TIME
NAME STREET ADDRESS	NAME STREET ADDRESS
CITY-ST-ZIP	CTY: ST-ZIP
indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver of frustee empowered to execute this report a	ne exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an
attachment with an address, with all other like ompowered.	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR	Paul Cherry 7-22-02 (954)894-5900
	Management 1 states 4