FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State

DOCUMENT 1. Entity Name ON S 17E	\sim \sim	358 L and manage	ement, fr	05-28-2002 91	y 01 State 755 007 ***150.00
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4451 NW 1054. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Coconut (nech, the		Coco Nut	Creek, FC	4. FEI Number Applied For Not Applicable	
33066	Country	²¹ 33066	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			Name 1	7. Name and Address of Current Register	
			Street Address	mes Woods s (P.O. Box Number is Not Acceptable). (S.I. N.L.) Co wat Creek PC	² 33066
SIGNATURE.	or private name of registered at	Sons and fille if applicable. (NOTE		tered agent, or both, in the State of Florida. $4/3$ O/	
(See criter≰t on back)			-	Trust Fund Contribution	Added to Fees
11. ITILE NAME STREET ADORESS CITY-ST-ZIP TITLE	λ	ND DIRECTORS A B C C C C C C C C C C C C	TITLE NAME STREET ADDRESS CITY-ST-ZIP		CR2E034B (12/01)
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	,	CR2
NAME STREET ADDRESS CHY-ST-ZIP		15: 2 2 22 22	TITLE NAME STREET ADDRESS' CITY-ST-ZIP	and the second s	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
THILE NAME. STREET ADDRESS CHTY-ST-ZIP		,	TITLE NAME STREET ADDRESS CIFY-ST-ZIP		
TITLE. NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
of the corporation or t	t or supplemental repor	t is true and accurate and that m mpowered to execute this report	v skupaturė shall nave the	Section 119,07(3)(i), Florida Statutes. I further ce e same legal effect as if made under oath; that I 607, Florida Statutes; and that my name appea	am an officer or director