FILED

Apr 10, 2003 8:00 am Secretary of State

04-10-2003 90064 001 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

S04610 **DOCUMENT #**

1. Entity Name

MATCHMAKER INTERNATIONAL OF FLORIDA, INC.



Principal Place of Business

Mailing Address

5700 N. DAVIS HWY SUITE 3 PENSACOLA FL 32503		8084 N. DAVIS HWY #219 PENSACOLA FL 32514				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-304 1695	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registere	d Agent	
OLIVOR: HAPO			Name	Name		
	IAMES L		Street Address (P.O. Box Number is Not Acceptable)			
	OVERNMENT ST.	•	ļ			
PENSAUL	DLA FL 32501		ļ			
	· San Articles		City	F	Zip Code	
SIGNATURE .	Signature, typed or printed name of registered agent ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o		TE: Registered Agent signature re	oquired when reinstating) 9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AF	NO DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARAVATE, LOUISA 8084 N. DAVIS HWY #219 PENSACOLA FL 32514	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP_	en e	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and a state of the state of th	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Change ☐ Addition	

12. Thereby 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 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.

SIGNATURE: