## **FILED**

## **2003 FOR PROFIT CORPORATION**

UN	IIFORM BUSINE	ESS REPOR	T (UBR	)		Mar 17, 20	03 8:0	)0 an
DOCU 1. Entity Nan K.A.F., IN		-2				Secretary 03-17-2003 90059		
10066 NW 16 CORAL SPRIN US	IGS FL 33071	Mailing Address 10066 N.W. 16TH STREET CORAL SPRINGS FL 33071 US			,		·	
2. Principal F 7866 Suite, Apt.	BLVD EAS							
City & Stat	arac, Fr	City & State	FL		4. FEI	Number <b>65-0230977</b>		pplied For ot Applicable
.Zip 333	Country	Zip 333~1	Country USA	:	<b>5.</b> Cer	tificate of Status Desired	\$8.75 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent			7. Nar	ne and Address of New Register	ed Agent	
			Name					
KERZNER	Street A	ddress (P	O. Box	Number is Not Acceptable)				
10066 NW	78		XET					
CORAL SI								
	City	TAMARAC FL Zip Code 3312/						
8. The above the obligation of the statement of the st	named entity submits this statement for tions of registered agent.  EL Luwul	r the purpose of changing its r	registered office or	r registere	ed agent	, or both, in the State of Florida. I a	am familiar with, $2 - 00$	and accept
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signate	ure required v	when reinsta	ating) DAT	Te/	
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State				Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND		11.		ΔDD13	TIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11
TITLE NAME	d Kerzner, Sheila	☐ Delete	TITLE NAME		,,,,,,,,,,	HONO, OF WINGES TO OF FISCHIST	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	10066 N.W. 16TH ST.   CORAL SPRINGS FL		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	Change	☐ Addition
NAME			NAME					
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CITY-\$T-ZIP			<   CITY-ST-ZiP ≥ .		<del></del>	the same of the same		
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME OTREET ADDRESS					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
		Π	1	<u> </u>				
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				,	
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 5K

STREET ADDRESS

CITY-ST-ZIP