2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** S45228

FILED Feb 26, 2003 8:00 am Secretary of State

PROFE	Name E SSIONAL I	EVENT SERVICES	S, INC.			02-26-2003	90166 013 ***	
Principal Place of Business 2545 SWANSON AVENUE COCONUT GROVE FL 33133			Mailing Address 2545 SWANSON AVENUE COCONUT GROVE FL 33133					
2. Principa	al Place of Busin	ness	3. Mailing Address		_			
Suite A	nt # ete						- 	
	Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & St	tate		City & State			4. FEI Number 65-0258209		Applied For
Zip		Country	Zip	Country		5. Certificate of Status Desired		Not Applicabl 5 Additional
	6. Name	and Address of Currer	nt Registered Agent				Fee R	equired
CLICOM				Nam	ie	7. Name and Address of New F	Registered Agent	
	an, sidney i Wanson ave			Stree	et Address (P	O. Box Number is Not Acceptable		
	L 33133			<u> </u>	_		·/ 	
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8. The abov	ve named entity	submits this statement in		City			FL Zip	Code
the obliga	ations of registe	red agent.	or the purpose of changing i	its registered office	or registere	d agent, or both, in the State of Flo	rida. I am familiar	with, and accept
SIGNATURE	<u></u>	: 						
_	Signature, typed o							
		r printed name of registered agen	t and title if applicable. (NC	OTE: Registered Agent sig	nature required w	then reinstating)	DATE	
Afte	FILE NOW!!! er May 1, 2003	FEE IS \$150.00 Fee will be \$550.00		OTE: Registered Agent sig	gnature required w	9. Election Campaign Fin		55.00 May Re
Afte Make Chec	FILE NOW!!! er May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department o	of State	OTE: Registered Agent sig	gnature required w		ancing	55.00 May Be
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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 changed, or on an attachment with an address, with all order like empowered.

SIGNATURE:

duly Hurman ED SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR