FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90503 001 ***300.00

ບໍ່	2003 FOR PROFI Niform Busine	T CORPORA SS REPORT	TION (UB	I R)				
	MENT # \$65048					EEng	20	1)
1. Emity Nan	-		55033813					
Principal Piac	ne of Business	Mailing Address						
Principal Place of Business 5141 FEARNLEY ROAD LAKE WORTH, FL 33467		5141 FEARNLEY ROAD LAKE WORTH, FL 33467		_				
2. Principal f	Place of Business	3. Malling Address			- 100000 00 1000 000 000 4555 957 000 000 000 4514 4510 000 005			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 65-0282529)		plied For Applicable
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			litional
	6. Name and Address of Curren	Registered Agent			7. Name and Address of New			
MILLER, PAUL V.			İ	Name				
6141 FEARNEY ROAD LAKE WORTH, FL 33467			;	Street Address (P.O. Box Number is Not Acceptab	le)		
i				City		FI	Zip Cod	e –
	named entity submits this statement filtens of registered agent. Sunsural Types or primary haves of registered agent.			d office or register	·	CATE	illiar with	and accept
. ag∵ Afte	FILE NOWITE FEE IS \$150.00 r.May 1: 2003 Fee will be \$550.00 k.Payable to Florida Department	of State			Election Campaign F Trust Fund Contributi			O May Be I to Fees
TITLE	OFFICERS AND	DIRECTORS Delege	→ 11. 10LE	<u></u>	ADDITIONS/CHANGES TO OF			
RAMÉ	MILLER, PAUL 6141 FEARNLEY ROAD ' LAKE WORTH, FL 33467	C) Decemb	NAME STREE] Change	☐ Attdition
TITLE NAME STREET ADDRESS		☐ Deleje	TITLE] Change	Attektion
CITY-51-2P			B	51-21P		~	•	
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TITLE		☐ Deiete	TITLE CITY-	sī-≵ıÞ] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				1 ADDRESS =	للم المحافظ المحافظ	نة شاد.	نات	 .
TITLE		☐ Delete	3816	31-21			Change	Addition
NAME STREET ADDRESS CITY ST-ZP				T ADDRESS ST-21P				
111LE MAME STREET ADDRESS CITY - ST-2P		☐ Delete	Ħ	1 ADORESS S1-21P		C.,	Change	Addition
of the cor	pertity that the information supplied with on this report or supplemental report in poration or the receiver or trigitee emp or on an attachment with an address.	s true and accurate and that in owered to execute this report with all other like empowered	my signati t as require t	re shall have the s ed by Chapter 607.	ame legal effect as if made under Florida Statutes; and that my nam	oath; that I am a e appears in Bi	an officer ock 10 or	or director Block 11 if
SIGNAT	URE SIGNATURE AND TYPED OR	PRINTED HAME OF SIGNING OFFICER	ON DIRECTO	OR THE LEASE	4124103	(541)6	Phone	6/3