FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UÉR)

DOCUMENT # V05099

FILED Jun 18, 2003 8:00 am Secretary of State 06-18-2003 90021 036 ***150.00

, , , , , , ,	Jen Kim INTL									
	DO NOT WRITE	IN THIS SI	PACE							
2. Principal I 704 Suite, Apt		3. Mailing Address 7040 W. Fa Suite, Apt. #, etc.	Umetto Pr	k Rd	. DO	O NOT WRITE IN TI	HIS SPACE			
City & Sin	150 or a RAYON Fl	Sity & State RAY	in Fl	4.	FEI Number 65-030	25807		Applied For Not Applicable		
Zip 3 3 4	33 Sountry S.A	^z 33433	971'S F	7 5.	Certificate of Statu	٠	\$8.75 Fee Rec	Additional		
DO NOT WRITE TIN THIS SPACE To be the properties of Current Registered Agent Name Pobert Name Pobert Name Street Address (P.O. Box Nurgber is Not Acceptable) Way										
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE	Signature, typed or printed name of registered agent and	title if applicable. (NOTE	: Registered Agent signal	ture required when re	ainstating)	DA*	TE			
	nuary 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of S	tate				mpaign Financing Contribution.		5.00 May Be dded to Fees		
10.	OFFICERS AND DI	RECTORS				第三新 人名西西西西	They of the house in a	* - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Norton Robert W 180NW 42 Way Deerfield Bh. FL 3	<i>3442</i>	NAME STREET ADDRESS CITY-ST-ZIP					AMPLIAN STATES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Durkson, Jennifer No 4937 Orchard Park Dr Roanoke, Va 24019	orton ive	TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Norton Kimberly	3442	TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	IOT WF	William STE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	HS SPA	ICE			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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 on an attachment with an address, with all other like empowered.										

	a ATTACHMENT							
200	INIFORI	M BUSINESS REPOR		615_FILED				
	IENT# V050		(1 (00))	Mar 05, 2002 8:00 AM Secretary of State				
		NTERNATIONAL LTD, INC.		Secretary of State				
Enuty Nai	He. DCIAMINI	TERNATIONAL CTD, INC.		;				
Current P	rincipal Place	of Business:	New Principal Place	e of Business:				
7040 WES	T PALMETTO I	PARK ROAD		1 -				
SUITE 2-25 BOCA RAT	50 FON, FL 33433	3 US		i *				
	ailing Addres		New Mailing Addres	ss:				
7040 WES	T PALMETTO I	PARK ROAD	7040 WEST PALMET	TO PARK ROAD				
SUITE 2-28			2-250					
	•	· ·	BOCA RATON, FL 3	T				
FEI Number:	00-0300807	FEI Number Applied For () FEI Nu	mber Not Applicable ()	Certificate of Status Desired ()				
Name and	Address of Co	urrent Registered Agent:	Name and Address	of New Registered Agent:				
	ROBERT.W		الفريضة بالمستداء للحود					
	HWEST 42ND DBEACH, FL			_				
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The above in the State		ubmits this statement for the purpose of	of changing its registere	ed office or registered agent, or both,				
SIGNATUR	RE:							
	Electroni	c Signature of Registered Agent	Date					
•	_	satisfy its Intangible Tax filing requirement a	and elects to do so (X).					
	· -	Trust Fund Contribution ().	ADDITIONS (OLIANOPS TO OFFICEPO AND DIPPOTORS					
	AND DIRECT			ES TO OFFICERS AND DIRECTORS:				
Title: Name;	D ()[NORTON, ROBE	Delete RT W	Title: Name;	() Change () Addition				
Address:	780 NW 42ND W	/AY	Address:					
City-St-Zip:	DEERFIELD BC	H, FL	City-St-Zip:					
Title:	, ,	Delete	Title:	() Change () Addition				
Name: Address:	NORTON, KIMBE 780 NW 42ND W		Name: Address:					
City-St-Zip:	DEERFIELD BCH		City-St-Zip:					
Title:	D ()	Delete	Title:	() Change () Addition				

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal affect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to secure this report as required by Chapter 607, Florida Statutes; and that my prame appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT W NORTON

PRES

93/05/2002

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

DEERFIELD BEACH, FL 33442

NORTON, JENNIFER

780 N.W. 42ND WAY

Electronic Signature of Signing Officer or Director

Date