

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# V67532

FILED
Apr 29, 2003
Secretary of State

Entity Name: SIX FORTY FOUR CORPORATION

Current Principal Place of Business:

644 3RD AVE S
ATTENTION: TONY V.
ST PETERSBURG, FL 33701

New Principal Place of Business:

P. O. BOX 359
ELLENTON, FL 34222

Current Mailing Address:

6291 ROCK CREEK CIRCLE
ATTENTION: HASIT VIBHAKAR
ELLENTON, FL 34222 US

New Mailing Address:

P.O. BOX 359
ELLENTON, FL 34222 US

FEI Number: 59-3162793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIBHAKAR, HASIT
6291 ROCK CREEK CIRCLE
ELLENTON, FL 34222 US

Name and Address of New Registered Agent:

VIBHAKAR, TONY
P.O. BOX 359
ELLENTON, FL 34222 US

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.

SIGNATURE: TONY VIBHAKAR

04/29/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C/P () Delete
Name: VIBHAKAR, HASIT N
Address: 6291 ROCK CREEK CIRCLE
City-St-Zip: ELLENTON, FL 34222 US

Title: TSD () Delete
Name: VIBHAKAR, HASIT N
Address: 6291 ROCK CREEK CIRCLE
City-St-Zip: ELLENTON, FL 34222 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/P (X) Change () Addition
Name: VIBHAKAR, HASIT
Address: P.O. BOX 359
City-St-Zip: ELLENTON, FL 34222 US

Title: TSD (X) Change () Addition
Name: VIBHAKAR, HASIT
Address: P.O. BOX 359
City-St-Zip: ELLENTON, FL 34222 US

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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HASIT VIBHAKAR

PSTD

04/29/2003

Electronic Signature of Signing Officer or Director

Date