

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # 169211



Mailing Address  
1850 W MC NAB ROAD  
FT LAUDERDALE, FL 33309

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

CR2E034 (10/03)

Applied For
Not Applicable

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 signature required when reinstating)

DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE	CFO/VPI/Treas.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Spiegel, David		
STREET ADDRESS	1850 W McNab Rd		
CITY-ST-ZIP	St. Louisdale FL 33309		

TITLE	Dir/Sec/V.P.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Carlson, Curtis		
STREET ADDRESS	1850 W. McNabb Rd		
CITY-ST-ZIP	FT Lauderdale, FL 33309		

TITLE	Asst. Sec.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Kiester, Tyler		
STREET ADDRESS	1850 W Mc Nab Rd		
CITY-ST-ZIP	Ft Lauderdale FL 33009		

TITLE	Pres / Dir	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Ferola, Frank F		
STREET ADDRESS	1850 W MC NAB RD		
CITY-ST-ZIP	LAUDERDALE FL 33309		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05

954.971.0600  
Daytime Phone #