FILED Feb 14, 2003 8:00 am Secretary of State

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DOCUM 1. Entity Name HOLLYWO	9	# 6777			130.0			
Principal Place 1150 N. 35TH		3	Mailing Address 1150 N 35TH AVENUE SUITE #105					
105 HOLLYWOOD FL 33021			HOLLYWOOD FL 33021-5	424		RECORDE CONTRACTOR CONTRACTOR PROPERTY OF THE CONTRACT CONTRACTOR	ii	
US		 	US		_			
2. Principal Pl	ace of Busin	ess	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State			City & State	City & State		4. FEI Number 59-2015422 Applied For Not Applied		
Zip Country			Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name	and Address of Curre	ent Registered Agent			7. Name and Address of New Registered Agent		
		مستسلمه والساءوا	n man de la companya de la de	3 e - cases	-Name			
BRUMER; CHARLES - COLUMN COMMENT OF THE COLUMN CONTROL OF THE COLUMN COL					Street Address (P.O. Box Number is Not Acceptable)			
1150 N 35TH AVE						The second secon	⊣ ~	
SUITE #10			0		1			
CHOLLYWOOD FL 33021					City	FL Zip Code	_	
ex. The above named entity submits the 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 Surfesture, typochof printed region of regulatered against and title if expoliphote. (NOTE: Regulatered Agent signature, required when reinstacting) OATE								
FILE NOW!!! FEE IS \$130.00 9. Election Campaign Financing _ \$5.00 May Be								
After	May 1, 20	03 Fee will be \$550.0	00	. (, Trust Fund Contribution. Added to Fees	`	
	Payable t	Florida Departmen		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
10.	PD	OFFICERS A	ND DIRECTORS Delete	TITLE		☐ Change ☐ Addi	ition &	
title Name		CHARLES		NAM	E		ORZE034 (10/02)	
STREET ADDRESS	10742 ZU	RICH STREET			ET ADDRESS		8	
CITY-ST-ZIP	COOPER	CITY FL 33026	<u> </u>	_}_	-ST-ZIP	☐ Change ☐ Addi	긆	
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NAME STREET ADDRESS	BRUMER,	LINDA RICH STREET			ET ADDRESS		. .	
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NAME STREET ADDRESS	İ				ET ADDRESS	7	[
CITY-ST-ZIP			·		-ST-ZID			
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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). Florida Statutes.								
indicated on this report or supplemental report is true and accurate and that my signature span have the same legal elect as it had a final factor 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.								
SIGNAT	IIDE.	SIGNA	Ture redui	RED	ϵ / Λ	m 2/10/03		
SIGNAI	UNE:		OR PRINTED NAME OF SIGNING OFFICE		ron /	Date Daytime Phone #	- , .	