

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # N01246

Mailing Address  
PO BOX 557396  
MIAMI, FL 33255 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

04172006 Chq-NP CR2E037 (11/05)

4. FBI Number  
59-2503801

|                |
|----------------|
| Applied For    |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WESTON, J. SCOTT  
C/O MADDUX AND COMPANY  
4651 - 4699 SW 72 AVE  
MIAMI, FL 33155

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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 \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

**9. Election Campaign Financing Trust Fund Contribution.**

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | PD                 | <input type="checkbox"/> Delete |
| NAME           | HERTZ, AARON       |                                 |
| STREET ADDRESS | 7175 SW 47 ST #210 |                                 |
| CITY-ST-ZIP    | MIAMI FL 33155     |                                 |

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

|                |                 |                                 |
|----------------|-----------------|---------------------------------|
| TITLE          | VPD             | <input type="checkbox"/> Delete |
| NAME           | YOUNG, TOM      |                                 |
| STREET ADDRESS | PO BOX 541145   |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33256 |                                 |

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

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | SD                 | <input type="checkbox"/> Delete |
| NAME           | RAHIMNEJAD, MYRA   |                                 |
| STREET ADDRESS | 7105 SW 47 ST #402 |                                 |
| CITY-ST-ZIP    | MIAMI, FL 33155    |                                 |

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> Delete |
| 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 exemptions contained in Chapter 119, 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 617, 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

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_