

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # N05000011206



Mailing Address  
C/O THE CONTINENTAL GROUP  
STE 201  
MIAMI, FL 33186

40012033

### 3. Mailing Address

3. Mailing Address: C/O The Continental Group

Suite, Apt. #, etc.

City & State  
Miami, FL

Country

01032008	Chq-NP	CR2E037 (12/06)
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Name \_\_\_\_\_

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

City

FL

Zip Code	
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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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Villaman, Nancy	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	4651 Sheridan St, Suite 480		
STREET ADDRESS			
CITY-ST-ZIP	Hallandale, FL 33021		

TITLE ☐ Change ☒ Addition  
NAME Katz, Arlyn  
STREET ADDRESS 4651 Sheridan St, Suite 480  
CITY-ST-ZIP Hollywood, FL 33021

TITLE	Fortier, Giovanna	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS	4651 Sheridan St., Suite 480		
CITY - ST - ZIP	Hollywood FL 33021		

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

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