

FILED
Jun 01, 2005 8:00 am
Secretary of State

DOCUMENT # P04000152871

Mailing Address
3411 S.W. 36TH STREET
HOLLYWOOD, FL 33023-6336

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E034 (10/03)

Applied For	
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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

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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	LHERISSON, STEPHANE	
STREET ADDRESS	3411 S.W. 36TH STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 330236336	

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

TITLE	VD	☐ Delete
NAME	LHERISSON, MARIE E	
STREET ADDRESS	3411 S.W. 36TH STREET	
CITY-ST-ZIP	HOLLYWOOD, FL 330236336	

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

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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

TITLE	☐ Delete
NAME 	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Change ☐ 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

Date _____

Daytime Phone #