

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

**DOCUMENT # 123792**

**Mailing Address**  
**15730 S.W. 272ND STREET**  
**HOMESTEAD, FL 33031**

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

CR2E034 (11/05)

Applied For
Not Applicable

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

**7. Name and Address of New Registered Agent**

Name Charles R. Rowe  
Street Address (P.O. Box Number is Not Acceptable)

City Homestead

FL	Zip Code 33030
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SIGNATURE.

Charles R. Rowe: 02-07-06

Signature /s/ typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. **Added to Fees**

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	V	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Rowe, Paulette Coons		
STREET ADDRESS	15730 SW 272nd Street		
CITY-ST-ZIP	North Miami Beach 33161		

TITLE	homestead, F1 55051	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

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

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

**SIGNATURE:**

Charles R. Rowe

02-07-06

305-248-6571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #