

Feb 27, 2006 08:00 AM **DOCUMENT # 499303 Secretary of State** 1. Entity Name CIRCLE R BEEF, INC. Principal Place of Business Mailing Address 6840 HANGING MOSS RD. ORLANDO FL 32807 6840 HANGING MOSS RD. ORLANDO FL 32807 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FE! Number Applied For 59-1655455 Not Applicat Zip Country Ζφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUTKOSKY, ALBERT E. 6840 HANGING MOSS ROAD Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32807 City Zip Code FL 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed ox printed name of registered agent and into 4 applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Eee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Change ☐ Addition 7111 F RUTKOSKY, ALBERT E. NAME MAME U00000450118 STREET ADDRESS | 6840 HANGING MOSS RD. STREET ADDRESS 03/09/06 80080-023 150.00 CHY-SI-ZIP ORLANDO FL CITY-ST-ZIP TITLE Address -Dejete TITLE ☐ Change NAME COMMODARIO, THERESA A. STREET ADDRESS 6840 HANGING MOSS RD. STREET ADDRESS CITY-ST-ZIF ORLANDO FL CITY-ST-Z/P TETCO VΡ Delete TITLE Change 🔲 Addition NAME erakar FIDRICK, DAVE STREET ADDRESS STREET ADDRESS 6446 HANGING MOSS RD CHY-ST-702 ORLANDO FL 32807 CHY-ST-ZIP SILE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZTP CITY-ST-ZIP TITLE ☐ Delete Addition 🔲 TOTALE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTLE ☐ Defete ☐ Change DILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

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