2004 FOR PROFIT CORPORATION

-	<u> </u>	MNUAL H	EPU	HA) (AH				T	(an 2	0 200	14 NS		М
DOCUMENT # 532466 t. Entity Name								Jan 29, 2004 08:00 AM Secretary of State					
RICHARD	A. LEFC		7										
Principal Plac	e of Busines	3	Mailing Address			<u> </u>							
4424 NICKLAUS CT NIWOT CO 80503 US			4424 NICKLAUS CT NIWOT CO 80503 US			-	11	Minia dilen 333	s Voll Bible Bills	#121 #1 2 17 # 1207	#1#11 #1#11 #1#11 #	3888 - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Place of Business			3. Making Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.						MOOR	₹E	CR2E034	(11/03)	
City & State			City & State				4.	. FEI Nurr	59-	1739418	}		ipplied For lot Applicable
Z)p	Country 6. Name and Address of Current I			Zip Coun			5. Cerblicate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent						
	o. Name	and Address of Carrent I	negistere	d Agent		Name		. Name a	no Augres	ss of New H	egistered	Agent	
LEFCOURT, LOUIS L. 15244 LAKES OF DELRAY BLV			D.			Street Addre	ss (P.O	. Box Nun	nber is No	: Acceptable	:)		Tari
#210 DELRAY BEACH FL 33484													
04.		1011111100707				City	-		· · · · · · · · · · · · · · · · · · ·		FI	Zip Co	de
8. The above	named entit	y submits this statement for	the purp	ose of changing its	register	d office at real	istered a	agent, or t	, —	State of Fk			n, and accept
	tions of regist			- co									,
SIGNATURE	Signature, typed	or builted learne of redistrated adout a	nd title if app	Fcable. (NOT	E Registere	d Agent signature raq	jured what	n reinstating)			DATE		
		!! FEE IS \$150.00 04 Fee will be \$550.00								ampaign Fir I Contributio			00 May 8e
Make Check	k Payable te	Florida Department of	State										
10.)	OFFICERS AND	DIRECTO		11.		, , ,	ADDITION	S/CHANG	ES TO OFF	CERS AN	DIRECTO	
RITLE NAME	PD LEECOUR	r, richard a.		Delete	TBLI NAM	- 1						☐ Change	Addition
STREET ADDRESS	4424 NICKLAUS CT			STRE					UC	10000001	9792_	8 15 8. 7	
City-ST-ZiP	NIWOT CO					-SI - ZIP			01/25	1/04-80	038-01	8 158.	
TITLE NAME	LEFCOUR	F TANKA		Delete	TITE! NAM	į.						Change	Addition
STREET ADDRESS	4424 NICK	•				ET ADDRESS							
CITY-ST-ZIP	NIWOT CO)		- 	CHY	-ST-ZIP							<u> </u>
TITLE			- ''	☐ Delete	IIITI						•	☐ Change	Addition
NAME STREET ADDRESS					NAM STRE	E ET ADDRESS							
CITY+ST-ZIP					•	- ST-ZIP		_					
TETLE				☐ Oefete	TITLE							☐ Change	Addition
NAME STREET ADDRESS					MAS1	E ET ADDRESS							
CITY-ST-ZIP					-	-ST-ZIP							
BILE				☐ Delete	3133.ì				· ·			Change	☐ Addition
NAME CTOSCT LODGERS					NAM	- }							
STREET ADDRESS CITY-ST-ZIP					•	ET ADDRESS -ST-ZIP							
TITLE	 -			☐ Defete	राहा सहस्र							☐ Change	Addition
HAME					NAM	£							
STREET ADDRESS CITY-ST-ZIP						ET ADDRESS - ST-ZIP							
	opriity that the	a information supplied with	this filing	does not pusify to			n Sectio	n 119.07/	3Vi) Floric	ia Statutoe	further ce	edt tedt vlitt	information
12. Thereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the regience or furtice employered 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 attackgrent with an address, with all other like empowered.													
SIGNAT	TURE: _	Hulend Up	from			LEFCOU	w	 		123/04	3,	3-440	4037
	_	ל להל היסעד האת במנודא הוא	DINTER NAME	IF OF SIGNING OFFICER	OR DIRECT	nos			Πa	to.		Davitore Phone d	-

FILED