2007 FOR PROFIT CORPORATION

FILED May 03. 2007 08:00 A State

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DOCUI 1. Entity Nam 3 D DESI						Šecreta	ary of S
Principal Placi POST OFFICE TAMARAC, FL	E BOX 25381	Mailing Address POST OFFICE BOX 25381 TAMARAC, FL 33320		1	13 1 4 111 14 4 41 1 41 13 43 111 6 411	8 18 14 8 18 14 8 18 14 8 18 1 8 18 1)) 4(0) 00
	 						
DO NOT WRITE IN THIS SPA			CE.	02232007 No Chg-P CR2E034 (11/05)			
U	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb 59-184			Applied For Not Applicable
		·		5. Certificate	of Status Desired	□ \$8.75 Fee Rec	Additional juired
AGEE, JON 915 MIDDLE RIVER DRIVE					NOT W		
SUITE 512 FORT LAUDERDALE, FL 33304				IN.	THIS SP	ACE	
the obligat	named entity submits this statement for t ions of registered agent.	ne purpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. ∃am familiar v	with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution				.00 May Be led to Fees		:0759189 '-80033-009	150.00
10.	OFFICERS AND D	RECTORS	_		•	,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD STAUDNER, RUPERT A P.O. BOX 522562 MARATHON SHORES, FL 33052					ţ	
TITLE NAME STREET ADDRESS CITY-ST-7IP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	DO	NOT W	RITE	
TITLE			1	INI .	THIS SE		

IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 truetee 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

SIGNATURÉ:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #