

FILED
May 28, 2008 8:00 am
Secretary of State

DOCUMENT # 764560



Mailing Address
1406 N. OCEAN BLVD.
POMPANO BEACH, FL 33062

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

04082008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2491924

Applied For
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 reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	DAN MCKALLAGAT	
STREET ADDRESS	1406 N OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH, FL	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, RUBIA	
STREET ADDRESS	1406 N OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH, FL	

TITLE	STD	<input type="checkbox"/> Delete
NAME	BRENNAN, JAMES	
STREET ADDRESS	1406 N OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	

TITLE	VD	<input type="checkbox"/> Delete
NAME	ZACCARO, FRANK	
STREET ADDRESS	1406 N OCEAN BLVD	
CITY - ST - ZIP	POMPAÑO BEACH, FL 33062	

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

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

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

TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LINDA BURNS		
STREET ADDRESS	1406 N. OCEAN BLVD		
CITY-ST-ZIP	PAMPANO BEACH, FL 33062		

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

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

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

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

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 trustee empowered to execute this report as required by Chapter 617, 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 #