		FOR-PROFIT			т.	FILE			
Principal Rises of Besiness       Weiling Address         C/D BENKETT BOVARNOK       C/D BENKETT BOVARNOK         BOCA NATON FL 32481-1359       D. Malling Address         Suite, Add F. s.c.       S. Malling Address         Suite, Add F. s.c.       Suite, Add F. s.dc         Suite, Add F. s.c.       Suite, Add F. s.dc         Suite, Add F. s.c.       Suite, Add F. s.dc         Top       Clorely         Control       Suite, Add F. s.dc         Top       Clorely         Control       Suite, Add F. s.dc         Suite, Add F. s.dc       Suite, Add F. s.dc         BENNETT, BOVARNICK       Suite, Add F. s.dc         Suite, Add F. s.dc       Suite, Add F. s.dc         BENNETT, BOVARNICK       Suite, Add F. s.dc         Suite, Add F. S.dc       Suite, Add F. s.dc         BOVARNICK       Suite, Add F. s.dc         Suite, Add F. S.dc       Suite, Add F. s.dc         BENNETT, BOVARNICK       Suite, Add F. s.dc         Suite, Add F. S.dc       Suite, Add F. s.dc         BOVAR TOK       Suite, Add F. s.dc         BOV	1. Entity Name			Apr 20, 2005 08:00 Secretary of Sta		00 AN tate			
C/O BENNETT BOVAFNICK C/O SENNETT BOVAFNICK SPECIAL OF SENNETT BOVAFNICK SPECIAL O									
2. Phonologil Place of Eligibles       3. Maling Address         Sude, Act #, etc       Suite, Act #, etc.         Cby & State       City & State         Cby & State       City & State         Zho       Country         Zip       Country         Zip       Country         Zip       Country         BEINNEETT, BOVARNOCK         3945 NW 27 AVE.         BOCAR ATON FLT, SOVARNOCK         3945 NW 27 AVE.         BOCAR ATON FLT, SOVARDOCK         3945 NW 27 AVE.         BOCAR ATON FL	C/O BENNETT BOVARNICK P.O. BOX 811359		C/O BENNETT BOVARNICK P.O. BOX 811359					-	
City & State       City & State       If El Number       Exceptory (1004)         Zip       City & State       If Y & State       If El Number       Sectificate of State Desired       If Sectificate of State Desired       Sectif Desire Sectificate of State Desired	•		3. Mailing Address						
Status     Status     Status       Zip     Country     E. Certificate of Status Desired     Status       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     7. Name and Address of New Registered Agent       8. The above named antity subgits fills isophicit for the purpose of changing fills registered agent.     Name     Status       8. The above named antity subgits fills isophicit for the purpose of changing fills registered agent.     Pict Registered       SIGNATURE     Status operation of registered agent.     City       FILE NOW: FEE IS \$51.25     9. Election Campeing Financing     S5.00 May gib       Due By May 1, 2005     9. Election Campeing Financing     S5.00 May gib       MAM FL     0 better     11.0       Max     Satus operation on a registered agent of the status     0 better       Max     0 better     11.0       Max     0 better     11.0 <td colspan="2">Suite, Apt. #, etc.</td> <td colspan="2">Suite, Apt. #, etc.</td> <td colspan="4">1st MOORE CR2E037 (10/04)</td>	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E037 (10/04)				
Zip         Country         Sparse         Spars         Spars         Spars	City & State		City & State		4. FEI Number	9-2358447			
BENNETT, BOVARNICK 3945 NW 27 AVE BOCA RATON FL 33434         Name           Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)           City         FL         Zip Code           R. The above named only subplicit the factorement for the purpose of changing its registered order of agent, or both, in the State of Florida. I am familiar with, and acceptable         City           SIGNATURE         Signatul, hyst ap prest area of segment agent of state if accent.         (Stift Regeneral Agent segment accent deministration)         Onte           FILE NOW: FEE IS \$61.25         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         11.         ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS IN 10 City of the MARK State         City of the Mark State           11.         ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS IN 10 City of the MARK State         City of the Mark State         City of the Mark State           11.         ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS IN 10 City of the MARK State         City of the Mark State         City of the Mark State           11.         ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS IN 10 City of the Mark State         City of the Mark State         City of the Mark State           11.         ADDITIONS(CHANGES TO OFFICERS AND DIRECTORS IN 10 City of the Mark State	Zip	Sountry Zi	p	Country	<u> </u>		68.75 Addi	tional	
BENNETT, BOVARNICK BOCA RATON FL 33434       Street Address (P.O. Box Number is Not Acceptable)         City       FL       Zp Cade         City       FL       Zp Cade         City       FL       Zp Cade         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zp Cade         City       FL       Zp Cade       City       FL       Zp Cade         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zp Cade         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zp Cade         Street Address (P.O. Box Number is Not Acceptable)       City       FL       Zp Cade         Street Address (P.O. Box Number is Not Acceptable)       Date       Date       Date         Street Address (P.O. Box Number is Not Acceptable)       Date       Date       Date       Date         Street Address (P.O. Box Number is Not Acceptable)       Date       Date       Date       Date       Date         Street Address (P.O. Box Number is Not Acceptable)       Date	6. Name and Address of Current Registered Agent			Name	7. Name and Addr	ess of New Registered A	gent		
The above named antity subgits this statement for the purpose of changing its registered agent, or both, in the Siste of Florida. I am familiar with, and accells the obligations of registered agent.     SiGNATURE      Sequeta, speed opened agent arrested agent of both excellation     FILE NOW: FEE IS \$61.25     Due By May 1, 2005     Price Florida. Speed opened agent arrested agent arrest agents arrested agent arrest agents arrested agent arrest agents arrested agent arrest agents arrested agent arrested a	3945 NW 27 AVE.								
the obligations of registered agent SIGNATURE Sequence, speed or prefer agent and the Augustanta Sequence Agent Registered Ag				City		FL	Zip Code	)	
Suppose sprace operated approximation approximate approximation approximation approximation approximation approximation approximation approximation approximation approximate approximation approximate approximation approximate approximation approximate approxi			pose of changing its re	gistered office or registe	ered agent, or both, in t	the State of Florida. 1 am fa	amiliar with,	and accept	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005       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       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.         Iff.E       PD       Iff.E       Addit to State       Iff.E         MASTIN, DEBORAH B.       Iff.E       Dates       Iff.E       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.         Iff.E       PD       MASTIN, DEBORAH B.       Iff.E       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.         Iff.E       MASTIN, DEBORAH B.       Iff.E       Iff.E       Iff.E         MAM FL       Detele       Th1       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.         Iff.E       SAUNDERS, MARCIA       Iff.E       Iff.E       Iff.E         Iff.E       SAUNDERS, MARCIA       Iff.E       Iff.E       Iff.E         Iff.E       D       Iff.E       Iff.E       Iff.E       Iff.E         Iff.E       D       Iff.E       Iff.E       Iff.E       Iff.E       Iff.E         Iff.E       Iff.E       Iff.E       Iff.E       Iff.E       Iff.E       Iff.E       Iff.E       Iff.E       Iff.E       Iff.E       Iff.E <t< td=""><td></td><td>ed name of registered agent and tille if ap</td><td>India India</td><td>egistered Agent signature require</td><td>d when reinstating)</td><td>DATE</td><td></td><td> ·</td></t<>		ed name of registered agent and tille if ap	India India	egistered Agent signature require	d when reinstating)	DATE		·	
Intel       PD       Delete       Intel       Change       Addit         MAXTIN, DEBORAH B.       Change       Intel       Addit       Change       Addit         CHEFT ADDRESS       MIAMI FL       Change       Addit       Change       Addit         Intel       SD       MIAMI FL       Change       Addit       Addit       Change       Addit         Intel       SD       MIAMI FL       Change       Addit       Addit       Change       Addit         Intel       SAUNDERS, MARCIA       MAMI FL       Change       Addit       Addit<	FILE NOW: FE	E IS \$61.25	9. Election Camp	· · ·		Make Check			
MAX     MASTIN, DEBORAH B.     MAK       CIRFT ADDRESS     111 NW 1ST ST #2810     STRET ADDRESS       CIRT ST. 7P     MIAMI FL     CIRT ST. 7P       III NW 1ST ST #2810     Delete     TITE       SAUNDERS, MARCIA     NAKE     CIRT ADDRESS       SINET ADDRESS     111 NW. 1ST ST. #2720     CIRT ADDRESS       MIAMI FL     Delete     TITE       NAKE     SAUNDERS, MARCIA     NAKE       SINET ADDRESS     111 N.W. 1ST ST. #2720     CIRT ADDRESS       TITE     Delete     TITE       NAKE     STRET ADDRESS     CIA/2D/2D/2D/2D/2D/2D/2D/2D/2D/2D/2D/2D/2D/	t0.	OFFICERS AND DIRECTORS	3	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIR	ECTORS IN	10	
NME     SAUNDERS, MARCIA     NAME       STREET ADDRESS     111 N.W. IST ST. #2720     STREET ADDRESS       CITY-ST-2P     MIAMI FL     CITY-ST-2P       ITILE     D     D       ITIL     D     D       STREET ADDRESS     111 N.W. IST ST. #2810     CITY-ST-2P       ITILE     D     D       STREET ADDRESS     111 N.W. IST ST. #2810     CITY ST-2P       ITIL     D     Delete     TTIF       ITIL     Delete     TTIF       NAME     STREET ADDRESS     04/20/95-80071-023       ITIL     Delete     TTIF       NAME     STREET ADDRESS     04/20/95-80071-023       ITIL     Delete     TTIF       NAME     STREET ADDRESS     04/20/95-80071-023       ITILE     Delete     TTIF       NAME     STREET ADDRESS     CITY ST-2P       <	NAME MASTIN, DEBO		Delete	NAME STREET ADDRESS			Change	Addition (	
NAME     PRICE-WILLIAMS, ABIGAIL     NAME       STREET ADDRESS     111 N.W. 1ST ST. #2810     STREET ADDRESS       CITY ST-7P     MIAMI FL     CITY ST-7P       IITLE     Delete     TTUF       NAME     STREET ADDRESS     CITY ST-2P       IITLF     Delete     TTUF       NAME     STREET ADDRESS     CITY ST-2P       IITLF     Delete     TTUF       STREET ADDRESS     CITY ST-2P       IITLF     Delete     TTUF       STREET ADDRESS     CITY ST-2P       IITLF     Delete     TTUF	NAME SAUNDERS, MA		Delete	NAME STREFT ADDRESS			Change	Addition 🗋	
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IIILE       Delete       TITLE       Change       Addit         NAME       STREET ADDRESS       CITY-ST-ZIP       STREET ADDRESS       CITY-ST-ZIP       Change       Addit         IIILE       Delete       TITLE       Change       Addit         NAME       Delete       TITLE       Change       Addit         IIILE       Delete       TITLE       Change       Addit         NAME       Delete       TITLE       Change       Addit         IIILE       Intereby certify that the informatio	NAME STREET ADDRESS	<u></u>	🖾 Delete	NAME STREET AODRESS	<u></u>		🔲 Change	Addition	
IIIILE       Delete       TITLE       Change       Addit         NAME       STREET ADDRESS       STREET ADDRESS       CITY-ST-ZIF       CITY-ST-ZIF       Image       Addit         12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), 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 direct or direct or direct or or an attachment with an address, with all other like empowered.	TITLE NAME STREET ADDRESS		🗋 Delete	ΠΠ.F NAMF SIRELI ADCRESS			Change	Addilion	
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 changed, or on an attachment with an address, with all other like empowered.	TITLE NAME STREET ADDRESS		Delete	TITLE			Change	Addition	
SIGNATURE: Binnutt Pinamuli ASSA Weasurer 1/16/2005 501-991-6059	of the corporation or the <u>re</u> changed, or on an attachm	rmation supplied with this fillin upplemental report is true and seiver or trustee empowered to ent with an address, with all o 3 1 4 Binn	g does not qualify for the accurate and that my b execute this report as ther like empowered.	the exemption stated in S signature shall have the required by Chapter 61	17, Florida Statutes, an	rida Statutes. I further cert f made under oath; that I a d that my name appears in g/2005-57/1	ify that the ir m an officer Block 10 or	or director Block 11 if	