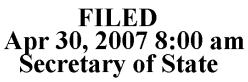
Parasis a waland casasis also consiste the second

DOCUMENT # 500000005747



1. Entity Name ANTIQUE AND AFARTMENT FORNITURE MOVING INC						04-30-2007 90398 009 ***150.00				
Principal Place of Business Mailing Address										
371 W. ALFR TAVARES, FL		37: W. ALFRED TAVARES EL 32778								
2. Principal Place of Business - No P O Box # 3. Mailing Address 5/36 Cape				Dr.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04272007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State			4. FEI Numb				oplied For	
Zıp	Country	Country Zip 47/4 Con			5. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent					
CAPORUSCIO, PATRICK 371 W ALERED TAVARES, FL 32778				Name Street Address (P.O. Box Number is Not Acceptable)						
-			City				FL	Zip Cod	e	
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered of	fice or register	ed agent, or bo	oth, in the State of Fl	orida I am fa	I miliar with,	and accept	
SIGNATURE	Signature Typod or printed name of registered agent	and rate if applicable (NOT	E Registered Agen	nt signature required	when remotating)		DATE			
			·						-	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cont			00 May Be ed to Fees					
10.	OFFICERS AND DIRECTORS 11				ADDITIONS	/CHANGES TO OF			S IN 11	
TITLE NAME	P CAPORUSCIO, ROBIN	☐ Delete	TITLE NAME			./		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	2238 PINK GRAPEFRUIT TRAIL CLERMONT, FL 34711	· · · · · · · · · · · · · · · · · · ·	STREET ADE CITY-ST-ZI	DRESS 3.	136 C	pe HATTE	347/6	1		
TITLE NAME	VP CAPORUSCIO, PATRICK	Delete	TITLE NAME				1	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	371 W. ALFRED TAVARES, FL 32778		STREET ADO							
TITLE	TAVARCO, IL 32110	☐ Delete	TITLE		····			☐ Change	Addition	
NAME STREET ADDRESS			NAME STREET ADD	20200						
CITY-ST-ZIP			CITY-ST-ZI	Į.						
TITLE NAME		☐ Delete	TITLE				[Change	Addition	
STREET ADDRESS			STREET ADD	PRESS						
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZI	P	 .					
TITLE NAME		☐ Delete	THTLE NAME				{	Change	Addition	
STREET ADDRESS			STREET ADD	1						
CITY-ST-ZIP		<u> </u>	CITY-ST-ZI	P			·····	-10		
TITLE NAME		☐ Delete	TITLE NAME				[Change	☐ Addition	
STREET ADDRESS			STREET ADD							
CITY-ST-ZIP	portific that the information and the	Alexander and the second and the sec	CHY-ST-ZI		- 01					
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee employer.	s true and accurate and that r	ny signature s	shall have the s	same legal effec	ot as if made under	oath: that I am	that the ir an officer	or director	

changed, or on an attachment with an address, with all effect like empowered.

SIGNATURE: _