

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # F06000002574

Mailing Address  
601 N CONGRESS AVE  
BLDG. 3 SUITE 308  
DELRAY BEACH, FL 33445-4639 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

CR2E034 (12/06)

Applied For
Not Applicable

**\$8.75** Additional  
Fee Required

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

10.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C	<input type="checkbox"/> Delete
NAME	PORAT, JOSEPH	
STREET ADDRESS	532 COMMODORE DR	
CITY-ST-ZIP	DELRAY BEACH, FL 33483	

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PORAT, TOMER	
STREET ADDRESS	2934 NEEDHAM COURT	
CITY - ST - ZIP	DELRAY BEACH, FL 33445	

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	POTRAT, OMRY	
STREET ADDRESS	2974 NEEDHAM COURT	
CITY-ST-ZIP	DELRAY BEACH, FL 33445	

TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PORAT, OMRY		
STREET ADDRESS	2914 NEEDHAM COURT		
CITY - ST - ZIP	DELRAY BEACH FL 33445		

TITLE	S	<input type="checkbox"/> Delete
NAME	MCCLARNON, KATHLEEN	
STREET ADDRESS	256 CENTER STREET	
CITY-ST-ZIP	PEARL RIVER, NY 10965	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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
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
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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOMER PORAT

DATE

Daytime Phone #