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FT LAUDERDALE FL 33308 Interview of the provisions of Sections 607 0502 and 607 1508. Ponda Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Statutes, the above named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes. SIGNATURE THE PC OFFICERS AND DIRECTORS THE PC OFFICERS AND DIRECTORS IN 12 Colspan="2">OFFICERS AND DIRECTORS IN 12 Colspan="2">Colspan="2" Colspan= Colspan= Colspan= Colspan="2" Colspan= Colspan= Colspan="2" Colspan= Colspan= Colspan= Colspan="2" <td colspan<="" td=""><td>2100</td><td>NER, JEFFRET</td><td>5841 N.E. 201</td><td>ev.</td><td></td><td>ess (P.O. Box Number is Not Accentab</td><td><u>م</u></td><td></td></td>	<td>2100</td> <td>NER, JEFFRET</td> <td>5841 N.E. 201</td> <td>ev.</td> <td></td> <td>ess (P.O. Box Number is Not Accentab</td> <td><u>م</u></td> <td></td>	2100	NER, JEFFRET	5841 N.E. 201	ev.		ess (P.O. Box Number is Not Accentab	<u>م</u>	
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NAME STREET ADDRESS CitY-ST. ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and that my signature shall have the same legal effect as if made under oath, the	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FT LAUDERDAI VST TUCKER, BREM 2109 NE 63 CC FT LAUDERDAI VC TUCKER, BREM 2109 NE 63 CC	ida s Durt E FL 33308 Ida s Durt	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.2 NAME		Change A	ddition ddition	
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64 CitY-SI-ZP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same tegal effect as if made under oath, the	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	FT LAUDERDAI VST TUCKER, BREM 2109 NE 63 CC FT LAUDERDAI VC TUCKER, BREM 2109 NE 63 CC	ida s Durt E FL 33308 Ida s Durt	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change A	ddition ddition ddition	
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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	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	FT LAUDERDAI VST TUCKER, BREM 2109 NE 63 CC FT LAUDERDAI VC TUCKER, BREM 2109 NE 63 CC	ida s Durt E FL 33308 Ida s Durt	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS		Change A	ddition ddition ddition	
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 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: USUMADA GATURALIN BIOENDA S. TUCKER ANY 36,0997 954-7768	STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME	FT LAUDERDAI VST TUCKER, BREN 2109 NE 63 CC FT LAUDERDAI VC TUCKER, BREN 2109 NE 63 CC FT LAUDERDAI	IDA S DURT E FL 33308 IDA S DURT E FL 33308	DELETE DELETE DELETE DELETE DELETE Ining does not qualifitial annual report is tr	1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP y for the exemption stated up and accurate and that	1 in Section 119.07(3)(i), Florida Statutes	Change A	ddition ddition ddition	