

FILED  
Apr 30, 2004 8:00 am  
Secretary of State

04-30-2004 90237 011 \*\*\*150.00

94074840



04262004 Chg-P CR2E034 (10/03)

4. FEI Number 13-2647526 Applied For No Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATALLAS, WILLIAM H  
3990 SHERIDAN STREET  
HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent

Name Thomas Rispoli  
Street Address (P.O. Box Number is Not Acceptable)  
3900 89th Rd S.

City Boynton Beach FL Zip Code 33436

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, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME RISPOLI, THOMAS  
STREET ADDRESS 3900 S. 89 ROAD  
CITY-ST-ZIP BOYNTON BEACH, FL ☐ Delete

TITLE V  
NAME RISPOLI, LUCA  
STREET ADDRESS 3300 N. STATE ROAD #7 BOX #496F  
CITY-ST-ZIP HOLLYWOOD, FL ☐ Delete

TITLE S  
NAME RISPOLI, LISA  
STREET ADDRESS 3900 89TH ROAD SOUTH  
CITY-ST-ZIP BOYNTON BEACH, FL 33436 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 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.