DOCUMENT # G40677       Image: Construction of Business       Mailing Address         Proceed: Flace of Business       Mailing Address       1941 NFDERAL HWY         BOC NOT WRITE IN THIS SPACE       Image: Construction of Business       Image: Construction of Business         DO NOT WRITE IN THIS SPACE       Image: Construction of Business       Image: Construction of Business         International Address of Gummi Ingeletimed Agent       Image: Construction of Business       Image: Construction of Business         International Address of Gummi Ingeletimed Agent       Image: Construction of Business       Image: Construction of Business         International Address of Gummi Ingeletimed Agent       Image: Construction of Business of Gummi Ingeletimed Agent       Image: Construction of Business of Gummi Ingeletimed Agent         Herriz LUDDY       Image: Construction of Business of Gummi Ingeletimed Agent       Image: Construction of Business of Gummi Ingeletimed Agent         Herriz LUDDY       Image: Construction of Business of Gummi Ingeletimed Agent       Image: Construction of Business of Gummi Ingeletimed Agent         Mark Mark 31, 2005 Fee will be \$550.00       Image: Construction of Business of Gummi Ingeletimed Agent       Image: Construction of Business of Gummi Ingeletimed Agent         Mark Mark 31, 2005 Fee will be \$550.00       Image: Construction of Business of Gummi Ingeletimed Agent       Image: Construction of Business of Gummi Ingeletimed Agent         Mark Mark 31, 2005 Fee will be \$5	2005 FOR PROFIT CORPORATION	<b>FILED</b>
1941 IN FEDERAL HWY BOCK RATOR, FL 33432         DO NOT WRITE IN THIS SPACE         Image:	1. Entity Name	Mar 31, 2005 08:00 AN Secretary of State
DO NOT WRITE IN THIS SPACE         No Ong P       CR20204 (10/09)	1941 N FEDERAL HWY 1941 N FEDERAL HWY	
DO NOT WRITE IN THIS SPACE          • Cit Natiber		
S9-2396323       InterAconstanting         8. Certificate of Status Desired       S875 Association         9. Certificate of Status Desired       S875 Association         Fee Party Lindow       DO NOT WRITE IN THIS SPACE         8. The above named entry submits this statement for the purpose of changing its registered agent, or toolh, to the State of Foods. I am familiar with, and accept the obligations of regulary deport.         8. The above named entry submits this statement for the purpose of changing its registered agent, or toolh, to the State of Foods. I am familiar with, and accept the obligations of regulary deport.         8. The above named entry submits this statement for the purpose of changing its registered egent. or event www.       3/24/5         8. The above named entry submits this statement for the purpose of changing. Functional the obligations of regulary deport.       3/24/5         8. The above named entry submits this statement for the purpose of changing. Functional the obligation of regulary deport.       3/24/5         8. The Above named entry submits this statement for the purpose of changing. Functional the obligation of regulary deport.       3/24/5         8. The Above named entry submits this statement for the purpose of changing. Functional the obligation of regulary deport.       3/24/5         8. The Access 19. The Above named entry submits this heat above named entry submits the heat above named entry	DO NOT WRITE IN THIS SPAC	
HERTZ, LIDDY 1941 N FEDERAL HWY BOCA RATON, FL 33432       DO NOT WRITE IN THIS SPACE         4. The above named ently submits this datament for the purpose of changing its registered agent, or both, in the State of Fordat. I and teamfair with, and accept the objectors of registering agent.       3/3/3/5         SIGNATURE Fullat. Liddar purpose and the full of state and of the purpose of changing its registered agent, or both, in the State of Fordat. I and teamfair with, and accept the objectors of registering agent.       3/3/3/5         ISINATURE Fullat. Liddar purpose and the full of state and the purpose of changing finencing Trust Full Control of the state of Fordat. I and teamfair with and accept Trust Full Control of the state of Fordat. I and teamfair with and accept Trust Full Control of the state of Fordat. I and teamfair with and accept Trust Full Control of the state of Fordat. I and teamfair with and accept Trust Full Control of the state of Fordat. I and teamfair with and accept Trust Full Control of the state of Fordat. I and teamfair with and accept Trust Full Control of the state of Fordat. I and teamfair with and accept Trust Full Control of the state of Fordat. I and teamfair with and the fordat control of the state of Fordat. I and teamfair with and the state of Fordat. I and teamfair with and the fordat control of the state of Fordat. I and teamfair with and the information of the state of the state of Fordat. I and teamfair with and the state of Fordat. I and teamfair with and the information of the state of the state of Fordat. I and teamfair with and the state of Fordat. I and teamfair with and the information of the state of the state of Fordat. I and teamfair with the fordat of the state of Fordat. I and teamfair with and the information of the state of the state		59-2398323 Not Applicable  S Contilicate of Status Desired  \$8.75 Additional
IN THIS SPACE  IN THIS SPACE IN THIS SPACE  IN THIS SPACE	6. Name and Address of Current Registered Agent	······································
Inter collegations of registing agent.       SIGNATURE:	1941 N FEDERAL HWY	
Atter May 1, 2005 Fee will be \$550.00     Trust Fund Contribution     Added to Fees       10.     OTTICERS AND DIRECTORS     Image: Contribution     Image: Contribution       11.     P     P       NAME     HERTZ, LIDDY       Stretz Access     Image: Contribution     Image: Contribution       11.     P       NAME     HERTZ, LIDDY       Stretz Access     Image: Contribution       Image: Contribution     Image: Contribution       Imail: Contribution     Image: Contribution	the obligations of registered agent.	3/29/5
ITTLE     P       NAME     HERTZ, LIDDY       INTERTACKES     BOCA RATON, FL 33432       U000000281421     03/31/05-80001-020 150.00       ITTLE     NAME       ITTLE     NAME       STRETACKESS     DO NOT WRITE       ITTLE     INTERTACKESS       CITY ST 2P     DO NOT WRITE       ITTLE     INTERTACKESS       CITY ST 2P     DO NOT WRITE       ITTL     NAME       STRETACKESS     INT HIS SPACE       ITTLE     INT HIS SPACE       ITTLE     INT HIS SPACE       ITTLE     INT HIS SPACE       ITTL     NAME       STRETACKESS     INT HIS SPACE       ITTL     Space Interaction supplied with this fling does not qualify for the exemption stated in Section 119 07(9(1), Florida Statutes, I further certify that the information supplied with this fling does not qualify for the exemption stated in Section 119 07(9(1), Florida Statutes, I further certify that the information does not nated accurate motion in the state in Section 119 07(9(1), Florida Statutes, I further certify that the information does not nated accurate motion in the state in Section 119 07(9(1), Florida Statutes, I further certify that the inf	After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.	
NME         STRET ADDRESS         CITY ST 2P         TITLE         NAME         STRET ADDRESS         CITY ST 2P	Intle     P       NAME     HERTZ, LIDDY       STRET ADDRESS     1941 N FEDERAL HVVY       CITY ST ZIP     BOCA RATON, FL 33432       TITLE     NAME       STREET ADDRESS     CITY ST ZIP	
INVAL         STREET ADDRESS         CITY. ST. 2P         ITLE         NAME         STREIT ADDRESS         CITY. ST. 2P         ITLI         NAME         STREIT ADDRESS         CITY. ST. 2P         ITLI         NAME         STREIT ADDRESS         CITY. ST. 2P         ITLI         NAME         STREIT ADDRESS         CITY. ST. 2P         IT2.         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:       A.MEELT2	NAME STREET ADDRESS	DO NOT WRITE
NAME         STREET ADDRESS         CITY-ST_ZP         Inn_E         NAME         STREET ADDRESS         CITY-ST_ZP         12. I hereby certify that the information supplied with this filling 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.         SIGNATURE:       L. HELTZ	NAME STREET ADDRESS	IN THIS SPACE
NMME         STREET ADDRESS         CITY-ST-ZF         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.         SIGNATURE:       JAR/05	NAME STREET ADDRESS	
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: L-HERT2 3/28/05	NAME STREET ADDRESS	
	of the corporation or the receiver or trustee empowered to execute this report as required changed, or on an attachment with an address, with all other like empowered.	d by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if
	SIGNATURE:	