FILED Apr 28, 2003 8:00 am Secretary of State

ONIFORM BOSINESS REPORT	(UBR) 04-28-2003 91836 001 ***150.00
DOCUMENT # 6 68248	
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2C) C) CTM Ct	
3821-Sw. & St	DO NOT WRITE IN THIS SPACE
MIAMIF FL 33134 SAV	
	59-2337766
	\$8.75 Additional Fee Required
	Name BOCHMONDE MANUEL
	Street Address (P.O. Box Number is Not Acceptable)
	3821 S.W. 805+
	City COMPL GAB LBS FL 78 GOOD 37
 The above named entity submits this statement for the purpose of changing its re the obligations of registered agent. 	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SOIGNIATHDE	
SIGNATURE Signature, typed or chatted name of registered agent and title if applicable. (NOTE: R	legistered Agent signature required when reinstating) DATE
	9. Election Campaign Financing Trust F
10. OFFICERS AND DIRECTORS	
NAME PID AUCHMONDE MANUEL	ML
STREET ADDRESS 3821 S.W. & th St CITY-ST-ZIP COMPL OADLAS FL 33174	STREET AUGRESS CITY-ST-72P
TITLE -	######################################
NAME. STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CIT-ST-ZP
TITLE NAME	WAGE
STREET ADDRESS CITY-ST-ZIP	STRET ADDRESS : STATE OF THE ST
TITLE NAME	III.E
STREET ADDRESS CITY-S1-Zip*	STHEET ADDRESS:
TITLE	THE
NAME STREET ADDRESS	MARE STRETFADDRESS
CITY-ST-ZIP	CITY: 57-ZIP
TITLE NAME	MME
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY ST. ZE
indicated on this report or supplemental report is true and accurate and that my	e exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information 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 for trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with phother like empowered.	
SIGNATURE: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ر ۱۳۶۷ ک

FOR PROFIT CORPORATION