

FILED
Jan 23, 2006 08:00 AM
Secretary of State



Pr	Place of Business	Mailing Address
%	RICCARDO MARTINES	% RICCARDO MARTINES
44	NORTH HWY. 17	4462 NORTH HWY. 17
DI	NO FL 32720	DELAND FL 32720



2. Principal Place of Business	3. Mailing Address
b. Apt. #, etc. _____	Suite, Apt. #, etc. _____

1st MOORE CR2ED34 (10/05)

State	City & State
-------	--------------

4. FBI Number	59-2829891	Applied For
		Not Applicant

	Country		Zip		Country
--	---------	--	-----	--	---------

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

6. Name and Address of Current Registered Agent7. Name and Address of New Registered Agent

MARTINES, RICCARDO
362 NORTH HWY. 17
DELAND FL

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. 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, obligations of registered agent.

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, 2006 Fee Will Be \$550.00
Check Payable to Florida Department of State

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

OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TI	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NA	MARTINES, RICCARDO		NAME		
ST	2760 PRINCETON PL		STREET ADDRESS		
CI	DELAND FL 32720		CITY-ST-ZIP	000000396245	
TI	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NA	MARTINES, DEBORAH E.		NAME		
ST	2760 PRINCETON PL		STREET ADDRESS		
CI	DELAND FL 32720		CITY-ST-ZIP	01/30/06-80001-022 150.00	
TI		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NA			NAME		
ST			STREET ADDRESS		
CI			CITY-ST-ZIP		
TI		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NA			NAME		
ST			STREET ADDRESS		
CI			CITY-ST-ZIP		
TI		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NA			NAME		
ST			STREET ADDRESS		
CI			CITY-ST-ZIP		
TI		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Add
NA			NAME		
ST			STREET ADDRESS		
CI			CITY-ST-ZIP		

12 I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information disclosed 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 required, or on an attachment with an address, with all other like empowered.

NATURE: Ricardo Martin RICCARDO MARTINES 1/21/06 386-985-5909