

FILED
Apr 18, 2005 08:00 AM
Secretary of State



SIGNATURE: _____

[illegible][illegible]

1st MOORE CR2E034 (10/04)

4. FEI Number	65-0003436	Applied For	
		Not Applicable	

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ FL _____ Zip Code _____

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	PUENTE, ORLANDO MD	
STREET ADDRESS	4870 S.W. 82ND STREET	
CITY - ST - ZIP	MIAMI FL	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

CITY STATE	TITLE	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY STATE ZIP		

CITY ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	

CITY, ST, ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000311093	
STREET ADDRESS	04/18/05-80030-019 150.00	

CITY-STATE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE			
NAME			
STREET ADDRESS			

[illegible]

CITY-STATE-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Add Entry
TITLE			
NAME			
STREET ADDRESS			

STREET ADDRESS	
CITY-ST.-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
SINGLE ADDRESS	

STREET ADDRESS	
CITY ST ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Acquisition
NAME	

I hereby certify that the information
signature shall have the same legal effect as if made under oath; that I am an officer or director,
required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____