DO NOT WRITE IN THIS SPACE 010520 4. FEI NL 65-C 5. Certifi FOX, BEVERLY 150 S PINE ISLAND RD #417 FORT LAUDERDALE, FL 33324 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of the obligations of registered agent.	Applied For Not Applicable State of Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired NOT WRITE THIS SPACE
DO NOT WRITE IN THIS SPACE 010520 4. FEI NL 65-C 5. Certifi FOX, BEVERLY 150 S PINE ISLAND RD #417 FORT LAUDERDALE, FL 33324 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of the obligations of registered agent.	07 No Chg-P CR2E034 (11/05) Imber Applied For 1217812 Not Applicable cate of Status Desired \$8.75 Additional Fee Required
5. Certifi 5. Certifi 5. Certifi FOX, BEVERLY 150 S PINE ISLAND RD #417 FORT LAUDERDALE, FL 33324 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of the obligations of registered agent.	D NOT WRITE THIS SPACE
FOX, BEVERLY 150 S PINE ISLAND RD #417 FORT LAUDERDALE, FL 33324 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of the obligations of registered agent.	THIS SPACE
150 S PINE ISLAND RD #417 FORT LAUDERDALE, FL 33324 IN 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or the obligations of registered agent.	THIS SPACE
the obligations of redistated agent.	r both, in the State of Florida. I am familiar with, and accept
SIGNATURE	
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Br Added to Fees 10. OFFICERS AND DIRECTORS UITLE WAME P FOX, BEVERLY 150 S PINE ISLAND RD #417	•
SITY-SI-ZIP FORT LAUDERDALE, FL 33325 ITLE HAME IAME STREET ADDRESS SITY-SI-ZIP STATUS	U00000584497 01/12/07-80039-015 150.00
TiTLE NAME STREET ADDRESS CITY \$1-2iP	O NOT WRITE
INTE IN STREET ADDRESS CITY-S1-ZIP	THIS SPACE
IFILE VAME STREET ADDRESS DITY-ST-ZIP	
ITLE IAME ITREET ADDRESS ITTY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Fiorida Stechanged, or on an attachment with an address, with all other like empowered. SIGNATURE: Butture for Supplementation of the corporation of the corporation of the corporation of the corporation of the same legal of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Fiorida Stechanged, or on an attachment with an address, with all other like empowered.	affect as if made under oath; that I am an officer or director

. I

!