

FILED
Apr 28, 2004 8:00 am
Secretary of State

DOCUMENT # M21906

Mailing Address
271 NE 6TH AVENUE
DELRAY BEACH FL 33483-5514

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For
Not Applicable:

6. Name and Address of Current Registered Agent:

***7.-Name and Address of New Registered Agent**

Name _____

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

City

FL

Zip Code

8. The 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, the obligations of registered agent.

SIGNATURE _____
 Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE _____

After May 1, 2004 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	DV	<input type="checkbox"/> Delete
NAME	MICELI, SALVATORE	
STREET ADDRESS	271 ME 6TH AVENUE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	

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

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

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

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

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

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

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

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

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

FILE	<input type="checkbox"/> Delete
1971-1972	
1973-1974	
1975-1976	
1977-1978	

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

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:

2-10-04