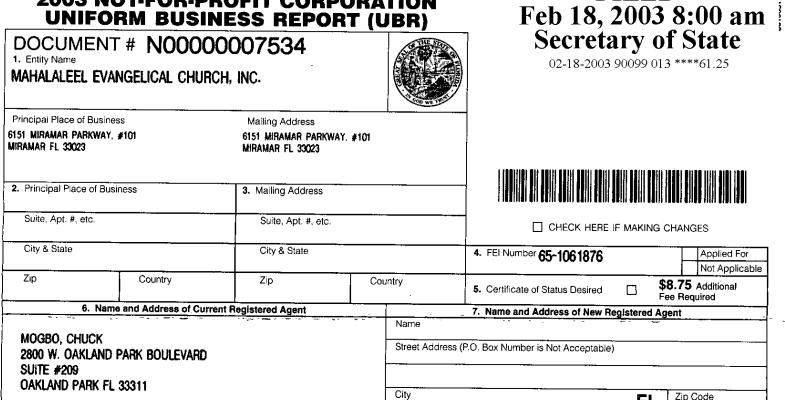
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # N0000007534



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 signature required when reinstating)

DATE

FILED

| FILE | NOW: | FEE | IS | \$61.25 |
|------|------|-----|----|---------|
| | | | | |

9. Election Campaign Financing

\$5.00 May Be

Make Check Payable to

| | | Trust Fund Cor | ntribution. | Added to Fees | Florida Dep | artment of | State | |
|--|--|---|--|---------------|-------------|------------|------------|--|
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CERPHY, FRANCOIS 700 N W 214TH STREET, #305 MIAMI FL 33169 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SMITH, MARIE 6745 ROSE DRIVE MIRAMAR FL 33023 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CERPHY, NICOLE 700 N W 214TH STREET, #305 MIAMI FL 33169 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | • | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DEBROSSE, PAULETTE B 11780 S W 9TH COURT PEMBROKES PINES FL 33025 | ⊠ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| STREET ADDRESS | D FENELON, SONY 7531 FAIRWAY BOULEVARD MIRAMAR FL 33023 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition | |
| STREET ADDRESS | D FENELON, FREDELINE 7531 FAIRWAY BOULEVARD MIRAMAR FL 33023 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | Addition | |

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all the rike empowered.

SIGNATURE:

Applied For Not Applicable

Zip Code