

# 2005 NOT-FOR-PROFIT CORPORATION

APPROVED  
AND  
FILED

05 JUL 12 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07082005 REIN-NP CR2E099 (6/04)

4. FEI Number  
80-0032634

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

CLASS, CARLOS  
14904 WHITE MAGNOLIA CT  
ORLANDO, FL 32824

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

*CS*

Signature, typed or printed name of registered agent and 99% if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-8-2005

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CLASS, CARLOS  
STREET ADDRESS 14904 WHITE MAGNOLIA CT  
CITY-ST-ZIP ORLANDO, FL 32824

TITLE D ☐ Delete  
NAME CLASS, MAGALY  
STREET ADDRESS 14904 WHITE MAGNOLIA CT  
CITY-ST-ZIP ORLANDO, FL 32824

TITLE D ☐ Delete  
NAME SOTO, AIDA L  
STREET ADDRESS 14904 WHITE MAGNOLIA CT  
CITY-ST-ZIP ORLANDO, FL 32824

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-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 617, 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: \*

*CS*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-2005

Date

(321) 663-0650

Daytime Phone #