200 UI	03 NOT-FOR NIFORM BUS	FILED Aug 20, 2003 8:00 am Secretary of State							
DOCU	MENT # NO2	00000193	2						
1. Entity Nan	is for men, inc.					0	08-20-2003 9004	18 020 ****70.	.00
Principal Plac	ce of Business	Mailing Add		• • • • • • • • • • • • • • • • • • •					
4717 MYLA LA W. PALM BCH		W. PALM BC	LANE					•••	
2. Principal F	Place of Business	3. Mailing A		gler # 4	215				
Suite, Apt.	. #, etc.	Şuite, A	pi.#.ejC.	Dag a			CHECK HERE IF MA	KING CHANGES	
City & Star		234/07 W9.57 City & S	tate	DERAN		4. FEI Numper	•	Ar	plied For
Zip	Country	<u>33469 FLOR</u>	IDA	Countra		NA		\$8.75 Add	Applicable
3340	7 P.Be	xA 3340	7	P. BEAC.	A	5. Certificate of St		Fee Require	
	6. Name and Address o	I Current Registered Ag	ent	Name		7. Name and Add	ress of New Registe	ered Agent	
	H, PATRICIA			Street A	ddress (f	P.O. Box Number is N	lot Acceptable)	" <u></u> "	
+++	Flagler Dr. BCH Fl 33407								
				City				FL Zip Code	e
8. The above	e named entity submits this sta	atement for the purpose o	f changing its reg	gistered office or	registere	ed agent, or both, in a		<u>· – </u>	and accept
	FILE NOW: FEE IS \$61 tember 10, 2003, min w		Election Campa Trust Fund Con	• •		\$5.00 May Be Added to Fees		heck Payable epartment of S	
10.		S AND DIRECTORS		11.	A	DDITIONS/CHANGE	ES TO OFFICERS AN		
TITLE NAME	PSD WEINRICH, PATRICIA	r .~	Delete	title Name				🔄 Change	Addition
STREET ADDRESS CITY-ST-ZIP	5600 N. FLAGLER DR. W. PALM BCH FL 33407			STREET ADDRESS CITY-ST-ZIP			1.		
TITLE	DT		Delete	TITLE	<u>_</u>			Change	Addition
NAME STREET ADDRESS	SUSSAN, RICHARD 4717 MYLA LANE			NAME STREET ADDRESS					
CITY-ST-ZIP	W. PALM BCH FL 33409			CITY-ST-ZIP	<u> </u>			<u></u>	. <u></u>
title Name	D Schwenk, Thomas		Delete	title Name				🗋 Change	Addition i
STREET ADDRESS CITY - ST - ZIP	4717 MYLA LANE W. PALM BCH FL 33409	~		STREET ADDRESS CITY-ST-ZIP			~		
TITLE			Delete	TITLE	V.	<u> </u>		Change	Z Addition
NAME STREET ADDRESS	JONDA VANG	TWASUER BUY DELES		NAME STREET ADDRESS	Joh	A VANGE VIINGE	11) NOVER BWD, 43	3	
CITY-ST-ZIP	10, PALMBER	al 33409		CITY-ST-ZIP	10.1	PALMBEA	al, F1. 334	169	
TITLE NAME		Γ	Delete	TITLE NAME				🛄 Change	Addition
STREET ADDRESS City-ST-Zip				STREET ADDRESS CITY-ST-ZIP					
TITLE			Delete	TITLE				Change	Addition
NAME STREET ADDRESS				NAME STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP	<u> </u>				
indicated	certify that the information sup on this report or supplementa poration or the <u>receiver</u> or trus	al report is true and accur	ate and that my s	signature shall ha	ave the s	ame legal effect as it	i made under oath; th	hat I am an officer	or director
	or on an attachment with an a			1.		1			
SIGNAT	URE Jacob	AT VITER	EQUI20	HATRICI	AC.	Deweren	9 8/12/03	(541)823.	-6826