

FILED
Feb 07, 2008 8:00 am
Secretary of State

40019500

DOCUMENT # N07000007424 1. Entity Name AMERICAN RESCUE PARTY 343 INC		02-07-2008 90012 019 ****61.25																									
Principal Place of Business 14441 ARLINGTON PLACE DAVIE, FL 33325		Mailing Address 14441 ARLINGTON PLACE DAVIE, FL 33325																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																									
City & State Zip Country		City & State Zip Country																									
4. FEI Number 26-0642228		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent COYLE, DENNIS 14441 ARLINGTON PLACE DAVIE, FL 33325		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 Dennis L Coyle DATE 1-31-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																											
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
Make check payable to Florida Department of State																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width:70%;">P COYLE, DENNIS 14441 ARLINGTON PLACE DAVIE, FL 33325 <div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Delete</div></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P COYLE, DENNIS 14441 ARLINGTON PLACE DAVIE, FL 33325 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="width:70%;"><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td><div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Dennis L Coyle DATE 1-31-08 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>																											