

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # N07000010313

Mailing Address  
3840 MAIN HWY  
MIAMI, FL 33133

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

04182008 Chg-NP CR2E037 (12/06)

4. FBI Number  
59-0737907

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**

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 signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	BRANNON, ANN	
STREET ADDRESS	3840 MAIN HWY	
CITY-ST-ZIP	MIAMI, FL 33133	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEELER, GRACE	
STREET ADDRESS	3840 MAIN HWY	
CITY-ST-ZIP	MIAMI, FL 33133	

TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, NANCY V	
STREET ADDRESS	3840 MAIN HWY	
CITY-ST-ZIP	MIAMI, FL 33133	

TITLE	D	<input checked="" type="checkbox"/> Deleted
NAME	RENTS, LEE	
STREET ADDRESS	3840 MAIN HWY	
CITY-ST-ZIP	MIAMI, FL 33133	

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RENTZ, LEE		
STREET ADDRESS	3840 MAIN HWY		
CITY-ST-ZIP	MIAMI, FL 33133		

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

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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #