

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # N07753



Mailing Address

C/O MWI 3500 GATEWAY DR  
202  
POMPANO BCH, FL 33069 US

**DO NOT WRITE IN THIS SPACE**

CR2E037 (4/06)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

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

10.	OFFICERS AND DIRECTORS
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TITLE	D
NAME	WEINGART, RUVIN
STREET ADDRESS	3500 GATEWAY DR #202
CITY-ST-ZIP	POMPANO BCH, FL 33069

TITLE	T
NAME	CAPLAN, HARVEY
STREET ADDRESS	3500 GATEWAY DRIVE # 202
CITY - ST - ZIP	POMPANO BEACH, FL 33069

TITLE	D Mathison, Kenneth
NAME	GELLERMAN, WILLIAM
STREET ADDRESS	3500 GATEWAY DR #202
CITY-ST- ZIP	POMPANO BCH, FL 33069

TITLE	D Nelson, Lea
NAME	KAYE, HELENE
STREET ADDRESS	3993 CYPRESS REACH COURT
CITY - ST - ZIP	POMPANO BEACH, FL 33069

TITLE	VPS
NAME	CANNON, LOUISE
STREET ADDRESS	3500 GATEWAY DR # 202
CITY-ST-ZIP	POMPANO BEACH, FL 33069

TITLE	P
NAME	LUCACIU, VAL
STREET ADDRESS	3500 GATEWAY DR #202
CITY - ST - ZIP	POMPANO BEACH, FL 33069

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IN THIS SPACE**

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

2/7/08

Date \_\_\_\_\_

954-968-4481

Daytime Phone #