

FILED
May 02, 2006 8:00 am
Secretary of State

DOCUMENT # N16813

Mailing Address
P.O. BOX 13266
FORT PIERCE, FL 34979

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

04282006 Chg-NP CR2E037 (4/06)

4. FBI Number
59-2757643

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

FI	Zip Code
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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

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FLORES, GERARD	
STREET ADDRESS	118 N NARANJA AVE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	

TITLE	V	<input type="checkbox"/> Delete
NAME	MENDOZA, GUNMA	
STREET ADDRESS	1115 SUN VILLA DR	
CITY-ST-ZIP	VERO BEACH, FL 32960	

TITLE	S	<input type="checkbox"/> Delete
NAME	NYCUM, NORMA	
STREET ADDRESS	645 COLONIAL DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32962	

TITLE	T	<input type="checkbox"/> Delete
NAME	CRISTINA, MAGTALAS	
STREET ADDRESS	574 SW LUCERO DR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983	

TITLE	VP	<input type="checkbox"/> Delete
NAME	DEOCAMPO, ANJE	
STREET ADDRESS	2824 SE TATE AVE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984	

TITLE	VP	<input type="checkbox"/> Delete
NAME	RAGAMAT, PEREGINO	
STREET ADDRESS	1366 SW 19TH TR.	
CITY-ST-ZIP	OKEECHOBEE, FL 34974	

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	<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	

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:

Grand O.C. Home

4/25/04 (772) 465-1170

Date _____ Daytime Phone # _____