Zip Country Zip Country Status Desired \$8.75 a. SMTAKLLA JOSEPH Name and Address of Current Registered Againt 7. Marne and Address of New Registered Againt 7. Marne and Address of New Registered Againt ANTAKLLA JOSEPH Name Name Name GULF STREAM, FL 33483 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cox GULF STREAM, FL 33483 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cox SIGNATURE The stove named entity submits this statument for the purpose of changing its registered agent, or both, in the State of Florida. Lan tamiliar with the obligations of registered agent. Name SIGNATURE The SEPH Sant AREELLA Marce The purpose of changing its registered agent, or both, in the State of Florida. Lan tamiliar with the obligations of registered agent. Name Breams Aged or intere reme of registered agent and the factotate. (POTE marcer Arep general agent and the factotate. Pote State Desired The Purpose of Changing Florida Trace or den versularg) SIGNATURE The stove named entity submits this statement to the purpose of changing Florida Trace or den versularge. Curr Breams Agest or intere ore of registered agent. Name Trace ore or or registered agent. Street Address of Correct Street Str)0 an	LED 2007 8:0 rv of Sta	r 08, 2	Ma	TION			DR-PROI		200
100 E LINTON BLVD. 100 E LINTON BLVD. STE, 203A STE, 203A DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 2. Phrotope Place of Bisaness - No P.O. Box # 3. Masing Address Suite, Apt. #, etc. 02262007 Chy & State City & State Suite, Apt. #, etc. 02262007 Chy & State City & State 8. Name and Address of Current Registered Agent 7. Nerres and Address of New Registered Agent SANTARELLA, JOSEPH 200 4230 N COUNTY RD Santa Address of Current Registered Agent Stear Address of explatered agent, and address of current Registered Agent Name Stear Address of explatered agent, and address of current Registered agent, and address of head agent and address of current Registered agent, and address of current Registered agent, and address of head agent and address of current Registered agent, and address of Current Regist						ACH	I PALM BEA			intity Name
Suite, Apt #, etc. Suite, Apt #, etc. 02262007 Chy-NP CR2E037 (12/06) City & State City & State 4 El Namber of Chy-NP CR2E037 (12/06) Zip Country Zip Country 5. Certificate of States Desired \$81,75 Au A. Mame and Address of Current Registered Agent 7. Name and Address of Nov Registered Agent Name Name SANTAFELL, JOSEPH State Desired State Desired State Or Point State Or Point Registered Agent State of the colligations of registered agent. Name State of Florida. Lan familiar with the obligations of registered agent. State of Florida. Lan familiar with the obligations of registered agent. State The above named entity submits this statement for the purpose of changing its registered agent. State of Florida. Lan familiar with the obligations of registered agent. State Of Florida. Lan familiar with the obligations of registered agent. State The above named entity submits this statement for the purpose of changing its registered agent. State Of Florida. Lan familiar with the obligations of registered agent. State Of Florida Despiration of State Of Florida. Lan familiar with the obligations of registered agent. State Of Florida Despiration of State Of	1611111 81 1001	I ANA KANAN ATAM KANIN ANA KANI				N BLVD.	100 Ě LINTON Ste. 203a).	É LINTON , 203a
City & State St						ress	3. Mailing Addres	.O. Box #	Business - No P.(rincipal Pla
Zip Country Zip Country Starts Action Starts Action Country Country Zip Country Starts Action Starts Action Country Country Country Country Starts Action Starts Action Country Country Country Country Starts Action Starts Action SANTAFELLA, JOSEPH Zip Country FL Zip Country GULF STREAM, FL 33483 Chip Street Address (P.O. Box Number is Not Acceptable) Chy FL Zip Country Chip Street Address (P.O. Box Number is Not Acceptable) Chip Zip Country Street Address (P.O. Box Number is Not Acceptable) Chip Zip Country Street Address (P.O. Box Number is Not Acceptable) Chip Zip Country Street Address (P.O. Box Number is Not Acceptable) Chip Zip Country Street Address (P.O. Box Number is Not Acceptable) Chip Zip Country Street Address (P.O. Box Number is Not Acceptable) Zip Country Zip Country Street Address (P.O. Box Number is Not Acceptable) Zip Country Zip Country Street Address (P.O. Box Number is Not Acceptable) Zip Country Chip Street Address (P.O. Box Number is Not Acceptable) Zip Country Z		CR2E037 (12/06)	Chg-NP	02262007 C		#, etc.	Suite, Apt. #,			uite, Apt. #,
Zip Country Zip Country s. Certificate of Status Desired \$87,57,67,20 S. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent Name Name and Address of Now Registered Agent SANTARELLA, JOSEPH Street Address (P.O. Box Number is Not Acceptable) City FL Zip Country GULF STREAM, FL 33483 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Country Signature The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lan familiar with the oddgators of registered agent. Signature Zip Country Zip Country Zip Country Break weet or pressone or or or pressone or or or pressone or or pressone or or pressone or or pressone or or or pressone or or or pressone or	Applied For		17			•	City & State			ity & State
SANTAFELA, JOSEPH 4230 N COUNTY RD GULF STREAM, FL 33483 Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cor City City FL Street Address (P.O. Box Number is Not Acceptable) City City City FL Zip Cor Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Cor Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Cor Street Address (P.O. Box Number is Not Acceptable) Data Street Address (P.O. Box Number is Not Acceptable) Data Street Address (P.O. Box Number is Not Acceptable) Data Street Address (P.O. Box Number is Not Acceptable) Data Data Street Address (P.O. Box Number is Not Acceptable) Data Data Street Address Data <	ditional	¢9.75	itatus Desired	5. Certificate of S	untry				-	ip
4230 N COUNTY RD GULF STREAM, FL 33483 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Cox City FL Zip Cox City FL Zip Cox Street Address (P.O. Box Number is Not Acceptable) City FL City FL Zip Cox Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City FL Street Address (P.O. Box Number is Not Acceptable) City City FL Street Address (P.O. Box Number is Not Acceptable) City City City City Street Address (P.O. Box Number is Not Acceptable) City City City City City Street Address (P.O. Box Number is Not Acceptable) City Ci		egistered Agent	dress of New Reg	7. Name and Add	Name		gistered Agent	iss of Current Reg		R
City	(P.O. Box Number is Not Acceptable)				0 N COUNTY RD Street Address (F					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE JOSE PAL SANT ARELLA Bigmann, typed or private remo of registered agent and title 4 applicate. (NOTE: headfored or private of registered agent. Bigmann, typed or private remo of registered agent and title 4 applicate. (NOTE: headfored or private remo of registered agent. Filling Foe is \$61.25 9. Elocition Campaign Financing Trust Fund Contribution. ITILE P SANTARELLA, JOSEPH ITILE P SANTARELLA, JOSEPH ITILE P SANTARELLA, JOSEPH ITILE SANTARELLA, JOSEPH ITILE<										
The obligations of registered agent. SIGNATURE Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent of the impaired open and the regulated. Image: Signature intervent open and the regulated. Image: Signature intervent open and the regulated. Image: Signature intervent open and the regitated open and the regitated open and th										
P Delete ThE ADDITIONS/CHARGES TO OFFICERS AND DIFIC FORS IT ITLE SANTARELLA, JOSEPH Delete ThE Change STRET ADDRESS 100 E LINTON BVLD. STE. 203A STRET ADDRESS CITY-ST-2/P TITLE S MAKE STRET ADDRESS CITY-ST-2/P TITLE MORGAN, PENNY Delete THE Change MAKE MORGAN, PENNY Delete THE Change STRET ADDRESS 100 E LINTON BLVD., STE. 203A STRET ADDRESS CITY-ST-2/P DELRAY BEACH, FL 33483 CITY-ST-2/P Change THE NAME DELRAY BEACH, FL 33483 CITY-ST-2/P Change TITLE D STRET ADDRESS CITY-ST-2/P DELRAY BEACH, FL 33483 CITY-ST-2/P Change TITLE D INTLE NAME NAME DELRAY BEACH, FL 33483 CITY-ST-2/P TITLE DELRAY BEACH, FL 33431 CITY-ST-2/P TITLE D STRET ADDRESS CITY-ST-2/P NAME BOCA RATON, FL 33431 CITY-ST-2/P Change NAME BOCA RATON, FL 33431 Delete THE NAME BOCA RATON, FL 33431 CITY-ST-2/P Change NAME BOCA R		ake check payable t		\$5.00 May Be	inancing	(NOTE: Reason	itle if applicable. 9. Elec	of registered agent and t	typed or printed name of Fee is \$61.2	54 F
WARE SANTARELLA, JOSEPH International control of the property is the and accurate and that my signature shall have the same legal effect as if made under eath; that the property is the eard accurate and that my signature shall have the same legal effect as if made under eath; that if an an officer			ES TO OFFICERS	ADDITIONS/CHANG				CERS AND DIREC	OFFIC	
MAKE MORGAN, PENNY ILL INLL ILL INLL ILL ILL <td>Addition</td> <td>L Change</td> <td></td> <td></td> <td>e et address</td> <td>NAN</td> <td></td> <td>D. STE. 203A</td> <td>LINTON BVLD</td> <td>ADDRESS 1</td>	Addition	L Change			e et address	NAN		D. STE. 203A	LINTON BVLD	ADDRESS 1
NAME IJAMS, JUDY Intermination Interminatin Intermination Intermination <td>Addition</td> <td>Change</td> <td></td> <td></td> <td>et address</td> <td>NAM</td> <td>Dele</td> <td>,</td> <td>LINTON BLVD</td> <td>ADDRESS 1</td>	Addition	Change			et address	NAM	Dele	,	LINTON BLVD	ADDRESS 1
NAME EMERSON, DAVID Intellige	Addition	Change			et addreess	NAM	C) Dele		LINTON BLVD	ADDRESS 1
NAME DRECKER, ROBERT Intel	Addition	Change		<u></u>	ET ADDRESS	NAM	Dele		LINTON BLVD	ADDRESS 1
NAME Inte Inte STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information or the receiver or trustee empowered to avoid the formation or the receiver or trustee empowered to avoid the formation or the receiver or trustee empound and concide and that my signature shall have the same legal effect as if made under oath; that I am an officer of the corporation or the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the reference of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver or trustee empowered to avoid the formation of the receiver of the receive	Addition	Change			T ADDRESS	NAM	Dete)., STE. 203A	LINTON BLVD.	ADDRESS 1
of the corporation of the receiver or trustee empowered to execute this report as report as to make the same regardlement as it made under oath; that I am an officer	Addition	Change			TADDRESS	NAM	Dele			
	or director r Block 11 if	ath; that I am an officer appears in Block 10 or	id that my name ap	. Florida Statutes; an	mptions contained ure shall have the s ed by Chapter 617	bis roport as roomi	ed to evecute this	r trustee empower	or the receiver or attachment with	f the corpor hanged, or
SIGNATURE: Deserve DANTARELLA 561-265	<u>-473</u>	561-265	Date	tare	thai	ELLA	UTARE	AND TYPED OR PRINT	SIGNATURE	SNATU