

FILED
Apr 30, 2007 8:00 am
Secretary of State

QUUSU

The following information was obtained from the records of the Department of Health, Education and Welfare, Bureau of Census, Office of Statistics, Washington, D.C., and is presented as received:

04252007 Chg-NP CR2E037 (12/06)

4. FEI Number	Applied For
65-0398671	Not Applicable

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

Zip 34292	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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GARDI, LES 7061 S. TAMIAHI TRAIL SUITE 204 SARASOTA, FL 34231	Name
	Street Address
	City

8. The above named entity submits this statement for the purpose of changing its registered office or registers the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
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10.	OFFICERS AND DIRECTORS	11.
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TITLE		PD	<input type="checkbox"/> Delete	TITLE	
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NAME	KOVACS, MARIA	NAME	
STREET ADDRESS	165 JACKSON RD	STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 34292	CITY-ST-ZIP	

TITLE	TD	<input type="checkbox"/> Delete	TITLE	
NAME	PINFICZER, KRISTINA		NAME	PI
STREET ADDRESS	482 LOMOND DR		STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete	TITLE	
NAME	GARDI, LES CPA		NAME	
STREET ADDRESS	7061 C S. TAMiami TR		STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP	

TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	
NAME	DOBAK, BELA		NAME	MA
STREET ADDRESS	3432 S. SUMTER BLVD.		STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Krisztina Pinczger KRISZTINA PIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OFFICERS AND DIRECTORS		ADVISORS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KOVACS, MARIA 165 JACKSON RD VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD PINFICZER, KRISTINA 482 LOMOND DR PORT CHARLOTTE, FL 33953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PINGICZER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARDI, LES CPA 7061 C S. TAMIAMI TR SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DOBAK, BELA 3432 S. SUMTER BLVD. NORTH PORT, FL 34287 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRAZIK ANDREW <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Krisztina Pingiczer KRISZTINA PINGICZER 4-25-07 941-255-5244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #