

2.009

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JAN 14 PM 12:06

Mailing Address  
P.O. BOX 244461  
BOYNTON BEACH, FL 33424 US

### 3. Mailing Address

6300 PARK of COMMERCE BLVD  
Suite, Apt. #, etc.

City & State  
Boca RATON, FLORIDA

Country  
U.S.

Zip  
33487

Country  
U.S.

10212008      Cha-NP      CR2E037 (12/06)

4. FEI Number  
65-0916964

|                |
|----------------|
| Applied For    |
| Not Applicable |

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

**6. Name and Address of Current Registered Agent**  
B & B ASSOCIATION MANAGEMENT SERVICES, INC  
23016 SANDALFOOT PLAZA BLVD  
BOCA RATON, FL 33428

Name EDWARD DICKER, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
1818 AUSTRALIAN AVENUE SOUTH  
SUITE 400  
City WEST PALM BEACH F

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

ions of registered agent

Edw DeDez Edward DeDez

11/7/08

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Required Agent signature required when reinstating)

DA1E

**Amended AR is \$61.25**

### 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | P                    | <input type="checkbox"/> Delete |
| NAME           | LEWITTES, RON        |                                 |
| STREET ADDRESS | 9731 PALMA VISTA WAY |                                 |
| CITY-ST-ZIP    | BOCA RATON, FL 33428 |                                 |

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | VP                   | <input type="checkbox"/> Delete |
| NAME           | EVAN, ACKERMAN       |                                 |
| STREET ADDRESS | 9917 PALMA VISTA WAY |                                 |
| CITY-ST-ZIP    | BOCA RATON, FL 33428 |                                 |

|                 |                       |                                            |
|-----------------|-----------------------|--------------------------------------------|
| TITLE           | D                     | <input checked="" type="checkbox"/> Delete |
| NAME            | FURTADO, LAINE        |                                            |
| STREET ADDRESS  | 21180 LA VISTA CIRCLE |                                            |
| CITY - ST - ZIP | BOCA RATON, FL 33428  |                                            |

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | T                    | <input type="checkbox"/> Delete |
| NAME           | MASON, ANDREW        |                                 |
| STREET ADDRESS | 9857 PALMA VISTA WAY |                                 |
| CITY-ST-ZIP    | BOCA RATON, FL 33428 |                                 |

|                |                      |                                            |
|----------------|----------------------|--------------------------------------------|
| TITLE          | S                    | <input checked="" type="checkbox"/> Delete |
| NAME           | FABIAN, GABRIELLA    |                                            |
| STREET ADDRESS | 9707 PALMA VISTA WAY |                                            |
| CITY- ST- ZIP  | BOCA RATON, FL 33428 |                                            |

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

|                |                      |                                            |                                   |
|----------------|----------------------|--------------------------------------------|-----------------------------------|
| TITLE          | V. P.                | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | LEWITTES RONALD      |                                            |                                   |
| STREET ADDRESS | 9731 PALMA VISTA WAY |                                            |                                   |
| CITY-ST-ZIP    | BOCA RATON, FL 33428 |                                            |                                   |

|                |                      |                                            |                                   |
|----------------|----------------------|--------------------------------------------|-----------------------------------|
| TITLE          | P                    | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | ACKERMAN, EVAN       |                                            |                                   |
| STREET ADDRESS | 9917 PALMA VISTA WAY |                                            |                                   |
| CITY-ST-ZIP    | BOCA RATON, FL 33428 |                                            |                                   |

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 60014066606                                                       |
| STREET ADDRESS | 01/14/09--01042--003 **61.25                                      |
| CITY- ST- ZIP  |                                                                   |

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

|                |                       |                                 |                                              |
|----------------|-----------------------|---------------------------------|----------------------------------------------|
| TITLE          | 3                     | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME           | WEISS, TODD           |                                 |                                              |
| STREET ADDRESS | 21186 LA VISTA CIRCLE |                                 |                                              |
| CITY-ST-ZIP    | BOCA RATON, FL 33428  |                                 |                                              |

|                |         |                                 |                                   |
|----------------|---------|---------------------------------|-----------------------------------|
| TITLE          |         | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | 1/21/09 |                                 |                                   |
| 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:**

*Joe Adams* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/2008

818-448-2079