

FILED
Apr 26, 2004 8:00 am
Secretary of State

DOCUMENT # P00000025045



Mailing Address
5933 W. HILLSBORO BLVD.
#117
PARKLAND, FL 33067

3. Mailing Address
3325 Griffin Road
Suite, Apt. #, etc.
Suite 217

04232004 Chq-P CR2E034 (10/03)

City & State	
Ft. Lauderdale, FL	
Zip	Country
33312	U.S.

4. FEI Number 03-0456450	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 **Gregory J. Blodig, Esq.**
Street Address (P.O. Box Number is Not Acceptable)
100 W. Cypress Creek Road
Suite 700
City **Ft. Lauderdale**

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 _____

FILE NOW!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Deleted
NAME	HAYES, FRAN	
STREET ADDRESS	5933 W. HILLSBORO BLVD.	
CITY - ST - ZIP	PARKLAND, FL 33067	

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Hayes, Fran		
STREET ADDRESS	3325 Griffin Road, Suite 217		
CITY-ST-ZIP	Ft. Lauderdale, FL 33312		

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STONE, JOSEPH	
STREET ADDRESS	5933 W. HILLSBORO BLVD.	
CITY - ST - ZIP	PARKLAND, FL 33067	

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Carvalho, David		
STREET ADDRESS	3325 Griffin Road, Suite 217		
CITY-ST-ZIP	Ft. Lauderdale, FL 33312		

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

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

TITLE ☐ Delete
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"/> Delete
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"/> Delete
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 exemption stated in Section 119.07(3)(i), 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 607, 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

4/23/04

Date _____

Daytime Phone # _____