

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # P00000115719

Mailing Address  
2900 UNIVERSITY DR  
CORAL SPRINGS, FL 33065

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

02282006 Chg-P CR2E034 (11/05)

4. FEI Number  
65-1119882

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAHAEL, GISELE  
2900 UNIVERSITY DR  
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RAHAEL, GISELE	
STREET ADDRESS	2900 UNIVERSITY DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	

TITLE	V	<input type="checkbox"/> Delete
NAME	RAHAEL, PAULINE	
STREET ADDRESS	2900 UNIVERSITY DRIVE	
CITY - ST - ZIP	CORAL SPRINGS, FL 33065	

TITLE	V	<input type="checkbox"/> Delete
NAME	RAHAEL, MICHAEL	
STREET ADDRESS	2900 UNIVERSITY DRIVE	
CITY - ST - ZIP	CORAL SPRINGS, FL 33065	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Rahael, Pauline		
STREET ADDRESS	2900 University Drive		
CITY-ST-ZIP	Coral Springs, FL 33065		

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment to this report with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gisele Rahael, President

4/15/06

954-753-9500

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_