

DOCUMENT # P00000117821

05 MAY -4 PM 2:30

Principal Place of Business  
108 W. DILIDO DRIVE  
MIAMI BEACH, FL 33139

**Mailing Address**  
108 W. DILIDO DRIVE  
MIAMI BEACH, FL 33139

**DO NOT WRITE IN THIS SPACE**



02042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1070075

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RYWLIN, HAVA  
108 W. DILIDO DRIVE  
MIAMI BEACH, FL 33139

**DO NOT WRITE  
IN THIS SPACE**

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)

**DATA**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

04/13/05 50099-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	RIVLIN, DANIEL
STREET ADDRESS	4302 ALTON RD SUITE 960
CITY-ST-ZIP	MIAMI BEACH, FL 33140

TITLE	VPS
NAME	RYWLIN, HAVA
STREET ADDRESS	108 W DILIDO DRIVE
CITY - ST - ZIP	MIAMI BEACH, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE —  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200054518422  
05/13/05--01052--017 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date \_\_\_\_\_

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