FILED

03 MAY -1 PM 3: 24

DOCUMENT # P01000015907

1. Entity Name

CITY-ST-ZIP

SIGNATURE: Lady | lady at | SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

INDERMAN & COMPANY, INC

			l	**************************************	ł	CCOmman				
	ace of Business	Mailing Address	-			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
MIAM	NE 4th AVE I FL 33137	5454 NE 4th AVE MIAMI FL 33137			}	100 000 0	, <u> -</u> (AUIUA		
	. 10 33137	HIAHI FL	33137		Ì		2011 88 801 88 1	8 0 1 8 118 11881 8 11	3 1 1 3188 (61 1 88)	
2 Principal	Diagonal Divisions	To train address						#		
2. Principal Place of Business		3. Mailing Address			1	1 3 2 4 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tit dåiri Adi	11 10 010 0100 1111	#1 18(## £1/5 19#)	
Suite, Apt. #. etc.		Suite, Apt. #, etc.			_{	CHECK HERE IF MAKING CHANGES				
City & State		City & State								
City a State		City & State				Number 5-0894610		— →	Applied For Not Applicable	
Zip	Country	Zip	Countr	ntry		rtificate of Status Desired		\$8.75 A		
	6 Name and Address of Core	- Devision & Cont	De s'elected A seed		Fee Required				red	
6. Name and Address of Current Registered Agent MADDISON, LA'TOYA				7. Name and Address of New Registered Agent Name						
	NE 4th AVE		 							
MIAMI			Street Address (ss (P.Q. Box	Number is Not Acceptable	;)			
•										
			-	City		•	F	Zip Co	de	
• The above	e named entity submits this statemen	t for the auroops of changing if		- Hina ou socia		and the first of the		= 1∟		
	tions of registered agent.	ictor the purpose of changing if	iis registered	i onice or regis	stered agent	, or both, in the state of Fig	nga. ram	r iaminar with	i, and accept	
SIGNATURE										
SIGNAI ONE	Signature, typed or printed name of registered ag	gent and title if applicable (NC	OTE: Rogistered A	igent signature requ	ired when reinst	aling)	DATE			
* * * * F	TLE NOW!!! FEE IS \$150.00				- 					
After May 1, 2003 Fee will be \$550.00						 Election Campaign Fin Trust Fund Contribution 			00 May Be ed to Fees	
Make Check Payable to Florida Department of State										
TITLE	PD OFFICERS AF	ND DIRECTORS Delete	11.			TIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR Change	Addition	
NAME	MADDISON, LA'TO		NAMI.					L_1 Change	Addinor	
STREET ADDRESS	5454 NE 4th AVE		STREET	ADDRESS		40001849	54D:	94		
CITY-ST-ZIP	MIAMI FL 3313	7	CITY-ST		05,	400018454094 05/07/0301068016 **150.00				
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CITY-ST-ZIP			CITY-ST	ADDRESS - ZIP						
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NAME		-	. NAME							
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CITY-ST-ZIP

12. Thereby 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.