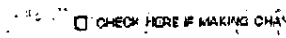


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1. Principal Place of Business 444 W. BOYNTON BEACH RD., SUITE E BOYNTON BEACH, FL 33435		3. Mailing Address 444 W. BOYNTON BEACH RD., SUITE E BOYNTON BEACH, FL 33435																													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES																											
City & State		City & State		4. FEI Number 85-1077518																											
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent ALEXANDRE WEDLER A 444 W. BOYNTON BEACH BLVD., SUITE E BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent																											
8. The above named entity submits to this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, and accepts the obligations of registered agent. SIGNATURE:  DATE: 11/03				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee																											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; vertical-align: top;"> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> </table>				TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; vertical-align: top;"> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 193.07(3)(c), Florida Statutes. I further certify that the information included 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 and that I am an officer or director of the corporation or the receiver or liquidator thereof or a person who is required to file this report as required by Chapter 609, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit to be attached to the enclosed. SIGNATURE:  DATE: 11/03																															