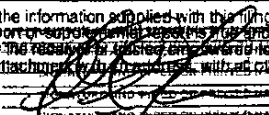
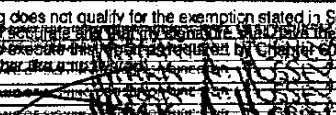


p.3

FILED

05 NOV -3 PM 5:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036735 1. Entity Name JOSTAL II, INC.			FILED 05 NOV -3 PM 5:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 20 WEST ATLANTIC AVE. SUITE #101 DELRAY BEACH, FL 33444		Mailing Address 20 WEST ATLANTIC AVE. 101 DELRAY BEACH, FL 33444	 08302005 Chg-P CR2E034 (10/03)		
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				
Zio	Country	Zip	Country	4. FEI Number 65-1102190	Applied For ☐ Not Applicable
				5. Certificate of Status Desirec ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HUSSEY, MARK A 20 WEST ATLANTIC AVE. 101 DELRAY BEACH, FL 33444				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 _____ (NOTE: Registered Agent signature required when resigning.)					
Amended AR Is \$61.25			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUSSEY, MARK A DELRAY BEACH, FL 33444	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000061141280 11/03/05--01046--004 **\$61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, ROBERT A JR CORAL SPRINGS, FL 33065	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPO, JAMES DELRAY BEACH, FL 33996	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information contained in this report is true and correct as far as my knowledge extends and was made under oath. This document shall be filed as such and shall remain confidential until it is no longer subject to the provisions of Chapter 60A, Florida Statutes, and that my name appears in this document.					
SIGNATURE:  DATE: 11/03/05					
SIGNATURE:  DATE: 11/03/05					