2002	2 UNII	LOKM BO2	ME22 KEDO	KI (UB	ik)		Ion 23	200	7 Q.M	n am
1. Entity Nan	MENT DING, INC		0052528					etary (	of Sta	ate
Principal Place 2498 DATE P BOCA RATON			Mailing Address 2498 DATE PALM RD. BOCA RATON FL 33432							
2. Principal F	Place of Busin	ess	3. Mailing Address							
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	te		City & State			4. FEI Nu	umber (1(/7 14)	4	_ <del></del>	oplied For
Zip		Country	untry Zip		Country		cate of Status Des		\$8.75 Add	ditional
<del> </del>	6. Name	and Address of Current I	 Registered Agent			7. Name	and Address of N	lew Registered	<u>`</u>	-
<del>-</del>				-Name				·		
ROCHE, E 9715 ARB	Street	: Address (P	dress (P.O. Box Number is Not Acceptable)							
BOCA RA	TON FL 334	28								
						FL Zip Code				
9. This corporate filing	Signature, typed oration is eligi requirement a ria on back)	Pegistered Agent sign FEE IS \$150 Fee will be set to Department	nature required v 0.00 \$550.00	when reinstating	r both, in the State  a)  Election Campaignust Fund Contr	DATE gn Financing		00 May Be		
11.		OFFICERS AND (	DIRECTORS	12.		ADDITIC	NS/CHANGES TO	OFFICERS AN	D DIRECTORS	S IN 11
TITLE .  NAME  STREET ADDRESS  CITY-ST-ZIP		STELLE DR OAKS CT., #207 ON FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		arbor			☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHE, A 9793 ARBO BOCA RAT	THENA OR OAKS LN., #202 ON FL 33428	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	s				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			··· □ Delete ··	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5	******	a er **;	پود مست	- Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S			. ,	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS					☐ Change	☐ Addition

13. I hereby certify that the information supplied with this filling 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP