## **FILED** Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90151 002 \*\*\*150.00

P01000061057



Principal Place of Business

Mailing Address

782 NW 42 AVE STE 637 MIAMI FL 33126			782 NW 42 AVE STE 637 MIAMI FL 33126							
2. Principal Place of Business 4311 TARPON AUE.			3. Mailing Address 4311 TARBN NE			٤				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
	City & State SPS, HES				เฟอร		4. FEI Number 65-1,121928	<del></del>	oplied For ot Applicable	
Zip 341	34	Country SA	Zip 34 134	Count	S &		5. Certificate of Status Desired	S8.75 Add Fee Require	ditional ed	
	and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent						
MAZZA-MA 782 NW 42 MIAMI FL 3				Street Address (P.O. Box Number is Not Acceptable)  TAR PORT A"						
				ŀ	City C			Zin Cod		
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 agent agent title if applicable.  West: Registered Agent signature required when reinstating)  DATE										
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							Election Campaign Fir     Trust Fund Contributio		May Be	
10.		OFFICERS AND (	DIRECTORS	11.			ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
NAME STREET ADDRESS		N, DOMINGO 2 AVE STE 637 33126	☐ Delete			4311	TORPHAUE UM	- 44	☐ Addition	
NAME Street adoress	DV CAMERO, 782 NW 4 MIAMI FL	2 AVE STE 637	☐ Delete			00 N	TARAN NUE UNI		Addition	
NAME STREET ADDRESS		INTONIO D 2 AVE STE 637 33126	☐ Delete	•	- 1000000	ED ANTO U311	NID D. ROCHA TERRON, AVE. UNI	T'A" FL 34134	☐ Addition	
TITLE - NAME STREET ADORESS CITY-ST-ZIP	_		Delete —					· Change	☐ Addition ~	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREE		_		☐ 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)(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.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

239-273-3124