لمعتوحه كا

## FOR PROFIT CORPORATION

FILED May 16, 2002 8:00 am Secretary of State

UN	IFORM BUSIN	ESS REPO	ORT (UBR)	<del> </del>	05-16-20	02 90054 (	042 ***150.00
OCUM . Entity Name	ENT # P0100007	0559	$\searrow$				
•	ELLA FINANCIAL	SERVICES,	INC.				
EDIKE	, DD2: 1 2		THE TOWN THE SERVE				•
设势建	O NOT WRITI	CINI TUK	SCPACE				
					•		
. Principal Plac	ce of Business	3. Mailing Addre	JCONDA WAY	FAST			
042 WAU Suite, Apt. #.	JCONDA WAY EAST etc.	Suite, Apt. #, 6		LAGI	4. FEI Number Applied For Not Applied by Not Applied For Not Applied For Not Applied For Not Applicable		
City & State	,	City & State		D.3			
AKÉ WORTH, FLORIDA		LAKE WORTH, FLORIDA  Zip Country		DA	5. Certificate of Status Desired		.75 Additional
3463	Country USA	33463	USA	7	. Name and Address of Current I		Required ent
			: 4 * * * * * * * T;	me UZ TOV	AR		
	DO NOT V		Company of the Compan	oot Address (F	O. Box Number is Not Acceptable UCONDA WAY EAS	<u> </u>	
	IN THIS S	PACE					
				AKE WO	RTH		Zip Code 33463
8. The above n	named entity submits this statemen	nt for the purpose of ch	nanging its registered of	fice or register	ed agent, or both, in the State of Flo	rida.	
	· · · · · · · · · · · · · · · · · · ·						
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE, Registered Ager		when reinstating)	DATE	
9. This corpor	ration is eligible to satisfy its Intang equirement and elects to do so.	JiDie 1	uary 1 - May 1 Fee is After May 1 Fee is \$5 Amended UBR is \$6	50.00	10. Election Campaign Fin Trust Fund Contributio		\$5.00 May Be Added to Fees
(See criteria	a on back)	Make Cho	eck Payable to Depar	tment of Stat	<b>e</b>	. Charles	
11.	OFFICERS A	AND DIRECTORS	TITLE TO				nimate of the second
NAME	LUZ LETICIA C	OLLAZOS T	OVAR NAME.	DRESS			
STREET ADDRESS CITY-ST-ZIP	6042 WAUCONDA LAKE WORTH, F	L 33463	L., *1990 117			<u> </u>	
TITLE NAME	D TUO TETTCIA C	OLLAZOS T	OVAR				
STREET ADDRESS	LUZ LETICIA COLLAZOS TOVAR 6042 WAUCONDA WAY EAST		STREET AL CITY-ST-	to the second			
CITY-ST-ZIP	LAKE WORTH, F	FL 33463	TIME TO	Control of the second		90年。2007年 1948年2月1日	
NAME			NAMER STREET A	ODRI.SS	DONOT	WRIT	<b>.</b>
STREET AODRESS CITY-ST-ZIP			Čny-si. jnlé š	1 714 Access	INTHIS		The state of the s
TITLE NAME			NAME			3 FAU	
STREET ADDRESS CITY-ST-ZIP			STREET A	62 글학원 그 학 간		PERSONAL PROPERTY.	
TITLE			inte :	8 4 70			
NAME STREET ADDRESS			NAME: STREET A	30 - 20 - 20 1 - 44 - 31 - 31 - 31 - 31 - 31 - 31 -		WHIST.	
CITY-ST-ZIP			cov-st	Security Administration of the second			
TITLE NAME	·		NAME				
STREET ADDRESS			SIRELY CITY ST	ZIP			
	certify that the information supplied on this report or suppliemental re-	d with this filing does r	not qualify for the exemp ate and that my signature	otion stated in S e shall have the	Section 119.07(3)(i), Florida Statules e same legal effect as if made unde 607, Florida Statutes; and that my r	. I further certi r oath; that I ar	ly that the information in an officer or director in Block 11 or on an
of the co attachmo	or this report of supplemental reproporation or the receiver or trusts ent with an address, with all other t	empowered to executive empowered.	use this report as require  LETICIA	ed by Chapter	e same legal effect as if made unde 607, Florida Statutes; and that my f IOS TOVAR, PRES	• Decirs	an broad in the origin
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SIGNA	SIGNATURE AND TYPE	ED ON PRINTED NAME OF S	GNING OFFICER OR DIRECTOR	1	Date.	Da	yime Phone #