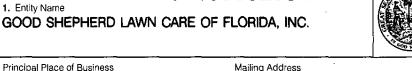
FILED Apr 17, 2003 8:00 am \$\frac{9}{8}\$ Secretary of State

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Principal Place 6154 ARCADE LAKE WORTH		6154 ARCADE COURT								
2. Principal Place of Business (NO 03 RAWL MYD COVE LANE SAME)]			11111 1111 113 1	
Suite, Apt. #, etc.						☐ CHECK HERE IF MAKING CHANGES				
City & State City & State SAME						65-1128828			oplied For ot Applicable	
Zip Country Zip C 33463 USA - SAME			Countr	ountry		Certificate of Status Desired		8.75 Add ee Require	ditional ed	
		Name	7N	lame and Address of New Rec	istered A	gent				
PIERRE, PAULEON										
6154 ARCADE COURT				Street Address (P.O. Box Number is Not Acceptable)						
LAKE WORTH FL 33463										
≒ •			ſ	City		<u></u>	FL	Zip Cod	e	
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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Finar Trust Fund Contribution.	ncing	\$5.0 Added	0 May Be	
10.	OFFICERS AND I	DIRECTORS	11.		AD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULEON, PIERRE 6154 ARCADE COURT LAKE WORTH FL 33463	☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			-	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	يد ي ي په د پيستور ه		TITLE NAME STREET CITY-S	F ADORESS ST-ZIP		ويعورون والمراد والمرا		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	TADDRESS				Change .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS				Change	☐ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET	ADDRESS			<u></u>	Change	Addition	

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #