## R PROFIT CORPORATION

## DOCUMENT # P01000090850

1. Entity Name

MRS. G. PROPELLER, INC.

Principal Place of Business

5911 RODMAN ST HOLLYWOOD, FL 33023 Mailing Address

5911 RODMAN ST HOLLYWOOD, FL 33023



FILED Mar 01, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1139260 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSH, KENNETH L 5911 RODMAN STREET HOLLYWOOD, FL 33023

## DO NOT WRITE IN THIS SPACE

		IN THIS SPACE			
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.					
IGNATURE Signature: typed or printed name of registered agent and little if applicable. (NOTE: Registered			l Agent eignetur	e required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing 🗆	\$5.00 May Be Added to Fees	000000652942 03/12/07-80039-028 150.00
10.	OFFICER'S AND DIREC	CTORS			
ITLE  IAME  STREET ADDRESS  STY-ST-ZIP	PD RUSH, KENNETH L 1769 N.E. 39TH COURT, #1204 POMPANO BEACH, FL 33064				
MESS	CARNEY, FARLEY E JR 1500 SE 15TH ST, #115 FORT LAUDERDALE, FL 33316		DO NOT WRITE IN THIS SPACE		
ss	D GAMAGE, MICHAEL T 1041 SW 75TH TERR PLANTATION, FL 33317				
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hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 cath; 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.

SIGNATURE:

BIGINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

2-26-07

954-894-8089

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Daytime Phone #