## 2004 FOR PROFIT CORPORATION

## **FILED** Jul 28, 2004 8:00 am **Secretary of State**

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DOCUMENT # P01000100718 BERRICK & ASSOCIATES, P.A. Mailing Address Principal Place of Business 44050240 7491 W OAKLAND PARK 8540 NW 51 COURT LAUDERHILL, FL 33351. 2ND FLOOR LAUDERHILL, FL 33319 3. Mailing Address 2. Principal Place of Business 491 W. Oakland Park Blvd. Suite, Apt. #, etc. 07132004 Chg-P CR2E034 (10/03) 306 City & State 4. FEI Number Applied For 22-3833797 Lauderhill, FLNot Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33319 USA <u>05</u> Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERRICK, KENNETH Street Address (P.O. Box Number is Not Acceptable) 8540 NW-51 COURT LAUDERHILL, FE 33351 9066 NW 82ND C+ CO(A1 Springs, FL 33067 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, of both, in the State of Florida. I am familiar with, and accept the obligations of regi SIGNATURE (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE Change Delete BERRICK, KENNETH-PAUL, A NAME NAME Berrick, Kenneth-Paul.A 7491 W OAKLAND PARK BLVD SUITE 301 STREET ADDRESS STREET ADDRESS 7491 W.Oakland Park Blvd. Ste. 306 CITY-ST-ZIP LAUDERHILL, FL 33319 CITY-ST-ZIP Lauderhill, FL 33319 ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Channe Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #