

FILED
May 21, 2008 8:00 am
Secretary of State

DOCUMENT # P02000006404



Mailing Address
850 IVES DAIRY RD #T 42A
MIAMI, FL 33179

3. Mailing Address

Suite, Apt #, etc.

City & State

Country

CR2E034 (12/06)

26-0034409

Not Applicable

☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name CHARLENE GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)
8965 NW 174 LN.

City Miami

FL

Zip Code 33018

SIGNATURE

Signature: [Signature] Printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHARLENE GONZALEZ		
STREET ADDRESS	8965 NW 174 LANE		
CITY - ST - ZIP	MIAMI, FL. 33018		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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

Date _____

Davidson, Eugene H.