

FILED
Apr 28, 2003 8:00 am
Secretary of State

0200247 AV

The Seal of the State of Florida is a circular emblem. It features a central figure of a woman standing on a rock, holding a torch aloft in her right hand and a scroll in her left. The scroll contains the word 'CONSTITUTION'. Above her is a palm tree. The entire scene is set against a background of a landscape with a body of water and a ship. The outer ring of the seal contains the text 'GREAT SEAL OF THE STATE OF FLORIDA' at the top and 'IN GOD WE TRUST' at the bottom.

1

Mailing Address
1455 N.W. 14 STREET
MIAMI FL 33125

2. Principal Place of Business 1083 E 25 ST Suite, Apt. #, etc. Hixson City & State FL	3. Mailing Address 1083 E 25 ST Suite, Apt. #, etc. Hixson FL 33013 City & State
---	--

4. PEI Number	30-0126152	Applied For
		Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name Pedro P. Gonzalez
Street Address (P.O. Box Number is Not Acceptable)
10261 SW 69T
miami FL 33174
City MI Zip 33174

SIGNATURE A. E. [Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DUST Gonzalez Pedro I 1083 E 25 ST Hialeah FL 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Gonzalez Pedro I 1083 E 25 ST Hialeah FL 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/02)

SIGNATURE: X S. G. [Signature] NEQU [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #