

## 2/2

02-24-2003 90251 001 \*\*\*150.00

Principal Place of Business	Mailing Address
199 NW 79 ST	199 NW 79 ST
MIAMI FL 33150	MIAMI FL 33150

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
82-0574196	Not Applicable

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

6. Name and Address of Current Registered Agent	
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FILINGS, INC.  
3732 NW 16 ST  
FT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent	
a. Name of New Registered Agent b. Address of New Registered Agent	

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

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City	FL	Zip Code
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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**

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

10.	OFFICERS AND DIRECTORS
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11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE \_\_\_\_\_  
 NAME **D PALINSKY, ILYA** ☐ Delete  
 STREET ADDRESS **199 NW 79 ST**  
 CITY-STATE-ZIP **MIAMI FL 33150**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	

TITLE	D	<input type="checkbox"/> Delete
NAME	JEDWAB, ORLIE	
STREET ADDRESS	199 NW 79 ST	
CITY-STATE	MIAMI FL 33150	

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

FILE	
NAME	<input type="checkbox"/> Delete
STREET ADDRESS	

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

TY-ST-ZIP	
LE	
ME	<input type="checkbox"/> Delete
REET ADDRESS	

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

Y-ST-ZIP	
E	
AE	<input type="checkbox"/> Delete
STREET ADDRESS	

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

☐ Delete

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

STREET ADDRESS	STREET ADDRESS
- ST- ZIP	CITY- ST- ZIP

I hereby certify that the information supplied with this filing 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: Orlando Adame **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/03 305-754-4600  
Date Daytime Phone #

CR2E034 (10/02)