	3. Mailing Address 1409 [Hig Suite, Apt. #, etc City & State Or ond ø Zip 3 2.613 RITE	FI CC	ve Way	5. Cer 7. Name		Applied For Not Applicable .75 Additional
1409 High Grove Way Suite, Apl. #, etc. City & State Orlando Fl Zip 32515 Orlange DO NOT WI	IADA IHig Suite. Apt. #. etc City & State, Or and p Zip 3 2 3 1 9 RITE	FI C	Suntry Cange Names Ana	5. Cer 7. Name	Number 5 - 1292297 tificate of Status Desired 5	Applied For Not Applicable .75 Additional
Orlando FI Zip 32518 Orlange DO NOT WI	Orlando Zip 32818 RITE	Co	Name	5. Cer 7. Name	6 - 1 2 9 2 2 9 7 tificate of Status Desired 58	Not Applicable
Zip 32518 Orhoge DO NOT W	Zip 3 2 8 1 9 RITE	Co	Name	5. Cer 7. Name	tificate of Status Desired	.75 Additional
DO NOT WI	RITE	<u></u>	Name		FOC	- Darma dan d
			Ano		and Address of Current Registered Ag	e Required
DO NOT WRITE IN THIS SPACE			Street Addre	ss (P.O. Box	Hernandez P.O. Box Number is Not Acceptable) igh Grove Way	
		1	CityOr	ando	FL	Zip Code 32818
 The above named entity submits this statement for the obligations of registered agent. 	the purpose of chang	ging its regis:				
the obligations of registered agent.					1 1	
SIGNATURE Signature use of printed name of registered agent an	nd title it spokcable.	(NOTE: Regis	tered Agent signature re	quired when reinst	ating) (ATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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 D				· · ·		
WHE Angel Harmondez			ITLE			E034B (12/02
STREET ADDRESS , 409 High Grove W			STREET ADDRESS			43
MY-ST-ZP Brlando F: 32919 MULE Vice President	<u> </u>		TITLE			
WHE S. Shanti Persaud			IAME			8
STREET ADDRESS 14,09 High Grove we			STREET ADDRESS			
CITY-ST-ZIP Orlando FI 32818	s		CITY-ST-ZIP		····	
VAME			IAME			
STREET ADDRESS	نه بيشت		TREET ADDRESS	rain in .	DO NOT WRIT	E
ITLE			ITLE		IN THIS SPACE	F
NAME STREET ADDRESS			IAME			-
CITY-ST-ZIP			CITY-ST-ZIP		. *	
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JAME STREET ADDRESS			IAME			- -
STY-ST-ZIP			hity-st-zip			
ine			ITLE	<u></u>		
AME STREET ADDRESS			IAME			
CITY-ST-ZIP			SITY-ST-ZIP			
12. I hereby certify that the information supplied with t indicated on this report or supplemental report is to of the corporation or the receiver or trustee empo attachment with an address, with all other like emp	owered to execute thi	alify for the e d that my sig s report as r	xemption stated in nature shall have equired by Chapt	n Section 119 the same lega er 607, Florida	0.07(3)(i), Florida Statutes. I further certify t al effect as if made under oath; that I am a a Statutes; and that my name appears in	that the information an officer or director Block 10 or on an
SIGNATURE:	Jana	1			4 29 07 (-07) 29	1020-21