

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

DOCUMENT # P03000020870



Mailing Address

1600 SAWGRASS CORP PARKWAY  
SUITE 300 230  
SUNRISE, FL 33323 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

04212008 Chq-P CR2E034 (12/06)

4. FEI Number  
51-0447690

Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANT, MARK F  
200 EAST BROWARD BLVD.  
15TH FLOOR  
FORT LAUDERDALE, FL 33301

Name Steven M. Helfman, Esq.

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

City 1600 Sawgrass Corp Pkwy, Suite 230  
Surprise FL Zip Code 33323

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)

4/29/08

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10.	OFFICERS AND DIRECTORS
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TITLE	DP	<input type="checkbox"/> Delete
NAME	EZRATTI, ITZHAK	
STREET ADDRESS	1600 SAWGRASS CORP PARKWAY SUITE 300	
CITY - ST - ZIP	SUNRISE, FL 33323	

TITLE	VAS	<input type="checkbox"/> Delete
NAME	FANT, ALAN J	
STREET ADDRESS	1600 SAWGRASS CORP PARKWAY SUITE 300	
CITY-ST-ZIP	SUNRISE, FL 33323	

TITLE	V	<input type="checkbox"/> Delete
NAME	NORWALK, RICHARD M	
STREET ADDRESS	1600 SAWGRASS CORP PARKWAY SUITE 300	
CITY-ST-ZIP	SUNRISE, FL 33323	

TITLE	VT	<input type="checkbox"/> Delete
NAME	MENENDEZ, N. MARIA	
STREET ADDRESS	1600 SAWGRASS CORP PARKWAY SUITE 300	
CITY - ST - ZIP	SUNRISE, FL 33323	

TITLE	S	<input type="checkbox"/> Delete
NAME	CORBAN, PAUL	
STREET ADDRESS	1600 SAWGRASS CORP PARKWAY SUITE 300	
CITY-ST-ZIP	SUNRISE, FL 33323	

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS	1600 Sawgrass Corp Pkwy, Suite 230		
CITY - ST - ZIP	Sunrise, FL 33323		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1600 Sawgrass Corp Pkwy, Suite 230</b>
CITY - ST - ZIP	<b>Sunrise, FL 33323</b>

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>1600 Sawgrass Corp Pkwy, Suite 230</b>
CITY- ST- ZIP	<b>Sunrise, FL 33323</b>

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CITY- ST- ZIP	<b>Sunrise, FL 33323</b>

TITLE	<input checked="" 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

N. MARIA MENENDEZ, VICE PRESIDENT

Page

954-753-1730

Daytime Phone # \_\_\_\_\_