

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90209 025 ***150.00

1. Entity.Name
ACCENTU-8, INC.



Principal Place of Business
5273 ADAMS ROAD
DELRAY BEACH, FL 33484

Mailing Address
5273 ADAMS ROAD
DELRAY BEACH, FL 33484

DO NOT WRITE IN THIS SPACE

[illegible]

04132006 No Chg-P CR2E034 (11/05)

4. FEI Number
03-0512457

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CIBELLA, CHARLES
5273 ADAMS ROAD
DELRAY BEACH, FL 33484

**DO NOT WRITE
IN THIS SPACE**

18. 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 reinstalling)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CIBELLA, CHARLES
STREET ADDRESS	5273 ADAMS ROAD
CITY-ST-ZIP	DELRAY BEACH, FL 33484

TITLE
NAME
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CITY-ST-ZIP

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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 _____

Daytime Phone ()