

FILED
Apr 24, 2006 8:00 am
Secretary of State

DOCUMENT # P03000036143

Mailing Address
1200 NW 17TH AVENUE
SUITE 1
DELRAY BEACH, FL 33445

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E034 (11/05)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

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

Zip Code

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.

DATE _____

\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☒ Addition☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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.

Daytime Phone #