

DOCUMENT # P03000061642



05 APR 14 PM 4:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address
4129 S STATE RD 7
LAUDERDALE LAKES, FL 33319

RE

3. Mailing Address
4129 N State Rd 7
Suite, Apt. #, etc.

04082005 REIN-P CR2E098(6/04)

City & State
Lawlerdale Lakes, FL

Zip
33519

Country
US

4. FEI Number	Applied For
90-0088431	Not Applicable

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

Name Adme, Guilbert
Street Address (P.O. Box Number is Not Acceptable)
4129 N. State Road
City Lauderdale Lakes FL

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]* Gualbert Adme, President 4/9/05
(NOTE: Registered Agent signature required when reinstating) DATE

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

JRS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

 Delete☐ Delete

 Delete

☐ Delete☐ Delete☐ Delete☒ Change ☐ Addition☐ Change ☒ Addition☐ Channel ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

12. 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: X Gilbert Adame 4/9/05 (951) 485-8824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Date: _____

Daytime Phone # _____

1 Robert 26 2 1964