## **2004 FOR PROFIT CORPORATION**

## FILED May 14, 2004 8:00 am Secretary of State

DOCUMENT # PU3UUU1U67U3  1. Enlity Name PRETUNE BRO, INC.				04-26-2004 905 / / 002 ****150.00
Principal Place of Business 7830 WILES ROAD CORAL SPRINGS, FL 33067		Mailing Address 7830 WILES ROAD CORAL SPRINGS, FL 33067		66421583
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04142004 Chg-P CR2E034 (10/03)
City & State		City & State		4. FEI Number 200295172 Applied For Not Applicable
Zip 177	Country	Zip	Country	5. Certificate of Status Desired .   \$8.75 Additional Fee Required.
6. Name and Address of Current Registered Agent Name			Name	7. Name and Address of New Registered Agent
WEISS, FRED 7830 WILES ROAD CORAL SPRINGS, FL 33067			Street Addres	s (P.O. Sox Number is Not Acceptable)
			City	Zip Code
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, typad or primed name of registered agent and blue if applicable. (NOTE: Registered Agent signature required when reinstatung) OATE				
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND I	<del></del>	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
HAME WEIS STREET ADDRESS 7830	SS, FRED WILES ROAD AL SPRINGS, FL 33067	☐ Delete	TITLE NAME STREET AUDRESS CITY-SI-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-78P	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addillon
TITLE - NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Additlen
TITLE NAME STREET ADDRESS CITY-ST-ZP		□ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-7IP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 807, 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:  SIGNATURE:  SIGNATURE STANDARD AND TYPE DIRECTOR SERVICE OF STANDARD CONTROL				
SIGNATURE:				