## **2007 FOR PROFIT CORPORATION**

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Principal Place	·····-	Mailing Address					
3529 NW 73 CORAL SPRIN	RD-WAYN or same the comment of the c	3529 NW 73RD WAY CORAL SPRINGS, FL 33065	<u>.</u>				
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DO NOT WRITE IN THIS SPA			CE	04242007	No Chg-P	CR2E034 (11/05)	
				20-037		Not Applicable	
•		•	•	5. Certificate	of Status Desired	See Required	
	6. Name and Address of Current Re	gistered Agent			"		
SANTANA, ANTONIO L 3529 NW 73RD WAY CORAL SPRINGS, FL 33065			DO NOT WRITE IN THIS SPACE				
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 reinstaturg)  DATE						DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			icing _ \$5.	.00 May Be led to Fees			
10.	OFFICERS AND DI	L RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT SANTANA, ANTONIO L 3529 NW 73RD WAY CORAL SPRINGS, FL 33065	,					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT SANTANA, ANTONIO L 3529 NW 73RD WAY CORAL SPRINGS, FL 33065						
TITLE NAME STREET ADDRESS	50104E 0/ NINGS, 1 E 00000	<u> </u>		DO	NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	E E TET ADDRESS			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						0756770 '-80046-003 150.00	
TITLE 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

PRES.

Daytime Phone #