

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # P04000009693

Mailing Address

13418 SW 3 COURT  
DAVIE, FL 33325

### 3. Mailing Address

2200 EAST RIVER DR

Suite, Apt. #, etc.

City &amp; State

MAXXAE FL

Country  
US A

Country  
USA

CR2E034 (10/03)

43 2041568

Applied For
Not Applicable

**\$8.75 Additional  
Fee Required**

**Address of New Registered Agent**

Name

SAME.

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

2200 EAST RIVER DR.

City MARGATE

FL	Zip Code 33063
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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<div style="display: flex; justify-content: space-between;"> <div> <p><b>CERTAIN, PATRICK</b></p> <p><b>2200 EAST RIVER DR</b></p> <p><b>MARGATE FL 33063</b></p> </div> <div> <p><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</p> <p>(ADDRESS ONLY)</p> </div> </div>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	FRIENDLICH, CAROL 2200 EAST RIVER DR MARGATE FL 33063	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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CITY - ST - ZIP		

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NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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 lines empowered.

**SIGNATURE:-**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_

Daytime Phone #