

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

30010000

**Abstract**

02042005 Chg-P CR2E034 (10/03)

|               |                |
|---------------|----------------|
| 4. FEI Number | Applied For    |
| 20-0756978    | Not Applicable |

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

7. Name and Address of New Registered Agent

CASTRO, EXPERIDION  
1624 W COLUMBIA ST  
ORLANDO, FL 32805

Name \_\_\_\_\_

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

City

FL

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.

SIGNATURE 

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

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

10. OFFICERS AND DIRECTORS

|                 |                    |                                 |
|-----------------|--------------------|---------------------------------|
| TITLE           | P                  | <input type="checkbox"/> Delete |
| NAME            | CASTRO, EXPERIDION |                                 |
| STREET ADDRESS  | 1624 W COLUMBIA ST |                                 |
| CITY - ST - ZIP | ORLANDO, FL 32805  |                                 |

|                 |                    |                                 |
|-----------------|--------------------|---------------------------------|
| TITLE           | V                  | <input type="checkbox"/> Delete |
| NAME            | REDONDO, RAUL A    |                                 |
| STREET ADDRESS  | 1624 W COLUMBIA ST |                                 |
| CITY - ST - ZIP | ORLANDO, FL 32805  |                                 |

|                |                          |  |
|----------------|--------------------------|--|
| TITLE          | S                        | <input checked="" type="checkbox"/> Delete |
| NAME           | RODRIGUEZ MOLINA, JUAN C |  |
| STREET ADDRESS | 1624 W COLUMBIA ST       |  |
| CITY-ST-ZIP    | ORLANDO, FL 32805        |  |

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| 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 |                                 |                                   |

|                |                      |  |                                   |
|----------------|----------------------|--|-----------------------------------|
| TITLE          | SECRETARY            | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME           | JESUS M. REYES URIBE |  |                                   |
| STREET ADDRESS | 1624 W. COLUMBIA ST  |  |                                   |
| CITY-ST-ZIP    | ORLANDO FL 32805     |  |                                   |

|                 |                                 |                                   |
|-----------------|---------------------------------|-----------------------------------|
| 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 |   |

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 like empowered.

SIGNATURE: *X Expedition Castro* EXPEDITION CASTRO 02/04/05 407648-2358  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #