Entity Name CHMID-GAVA rincipal Place of Bu- 718 BAYSHORE I COCOA BEACH FI Principal Place of Suite, Apt. #, etc. City & State Zip 6. N GAVAKIS 1718 BA COCOA E The above named the obligations of Place No GNATURE Signeture FILE NO After May 1 Take Check Payal D	siness DRIVE L 32931 Business Country Name and Address of Current F S, MICHAEL D YSHORE DRIVE BEACH FL 32931 I entity submits this statement for registered agent	Mailing Address 1718 BAYSHORE DRI COCOA BEACH FL 3 3. Mailing Address 6925 R-104 Suite, Apt. #, etc. City & State CAPE CANA: Zip 32620 Registered Agent r the purpose of changing it	2931 Coun Coun S registere	Name GAVAK Street Address GGZS CAPE City	1st MOORE       CR2E034         4. FEI Number       ZO - 11111169         ZO - 11111169	State ***150.00 (10/04) Applied Fc Not Applic \$8.75 Additional Fee Required Agent 32.92.0 Zip Code familiar with, and acc 3-05
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LE D	OFFICERS AND F	DIRECTORS	11.		Trust Fund Contribution.	Added to Fee
			TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change Add
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indicated on this of the corporation	report or supplemental report is	true and accurate and that wered to execute this repor	my signat t as requir	ure shall have the	ction 119.07(3)(i), Florida Statutes. I further ce same legal effect as if made under oath; that I ', Florida Statutes; and that my name appears	am an officer or direc