

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # P04000080026

Mailing Address  
3057 NE 16TH AVE  
OAKLAND PARK, FL 33334  
3144, Broadway  
Suite # 1

3. Mailing Address P.M.B. 125

Suite, Apt. # etc.  
EUREKA

City & State CALIFORNIA

Zip	95501	Country	USA
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4. FEI Number	<input checked="" type="checkbox"/>	Applied For
	<input type="checkbox"/>	Not Applicable

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

**7. Name and Address of New Registered Agent**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div>FL</div> <div>Zip Code</div>

SIGNATURE Thomas Hill DATE 5/1/03  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

**9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

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

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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

**SIGNATURE:** [Signature] 04/13/03  
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

Daytime Phone #