

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

[illegible]

|          |       |                 |
|----------|-------|-----------------|
| 02232007 | Chg-P | CR2E034 (12/06) |
|----------|-------|-----------------|

|                                    |                |
|------------------------------------|----------------|
| 4. FEI Number<br><b>51-0549566</b> | Applied For    |
|                                    | Not Applicable |

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

6. Name and Address of Current Registered Agent

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

GRAVERAN, NELSON  
3450 W 84 ST #201  
HIALEAH GARDENS, FL 33018

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, 2007 Fee will be \$550.00**

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

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

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                           |                                 |
|-----------------|---------------------------|---------------------------------|
| TITLE           | DP                        | <input type="checkbox"/> Delete |
| NAME            | GRAVERAN, NELSON          |                                 |
| STREET ADDRESS  | 3450 W 84 ST, # 201       |                                 |
| CITY - ST - ZIP | HIALEAH GARDENS, FL 33018 |                                 |

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

|                 |                           |                                 |
|-----------------|---------------------------|---------------------------------|
| TITLE           | DV                        | <input type="checkbox"/> Delete |
| NAME            | GRAVERAN, ISABEL C        |                                 |
| STREET ADDRESS  | 3450 W 84 ST, # 201       |                                 |
| CITY - ST - ZIP | HIALEAH GARDENS, FL 33018 |                                 |

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

|                 |                           |                                 |
|-----------------|---------------------------|---------------------------------|
| TITLE           | DST                       | <input type="checkbox"/> Delete |
| NAME            | GRAVERAN, JEANNIE         |                                 |
| STREET ADDRESS  | 3450 W 84 ST, # 201       |                                 |
| CITY - ST - ZIP | HIALEAH GARDENS, FL 33018 |                                 |

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

|                 |                                 |
|-----------------|---------------------------------|
| TITLE           | <input type="checkbox"/> Delete |
| 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"/> Delete |
| 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"/> Delete |
|-----------------|---------------------------------|
| 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 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 titles empowered.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

305-557-1253

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

3/23/07

Daytime Phone