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ATX1

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05 JUL 22 11 8:40

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1234847	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

10.	OFFICERS AND DIRECTORS
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11.	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

TITLE	
NAME	
STREET ADDRESS	400058198484
CITY-ST-ZIP	03712-05-0050-001 0050 00

TITLE	DO NOT WRITE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	IN THIS SPACE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

SIGNATURE: 	Roberto Rios, CEO	4/30/2005	(305)636-3885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

2082

Mr. Sean Towner: ① 06/28/05

This is to advise you that we now
our client received this notice in a
timely manner. This is the first time that
we received the notice for the annual
report.

We are hereby asking you to waive
the \$400.00 fee. Note, our client sent in their

other UBR in a Timely manner. ② 06/28/05

Regards,

Clifton A. Lodging