

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

DOCUMENT # P04000144336



**Mailing Address**  
22743 SW 54 WAY  
BOCA RATON, FL 33433 US

Suite, Apt. #, etc.

04252005 Chg-P CR2E034 (10/03)

Zip	Country
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20-190576

Applied For
Not Applicable

### 5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

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

Name MARK R. COLODNE

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

8177 W. Glades Road #24

City Boca Raton

FL

Zip Code 33434

**SIGNATURE**

Signature, typed or printed name of registered agent and title (applicable)

(NOTE: Registered Agent signature required when reinstating)

4/25/2005  
DATE

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOLIVAR, Santiago		
STREET ADDRESS	72743 S.W. 54th Way		
CITY - ST - ZIP	Boca Raton FL 33437		

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST- ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ 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(s) empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2005  
Date

Date \_\_\_\_\_

Daytime Phone #