

DOCUMENT # P05000004205

1. Entity Name

CARDS ON THE WILD SIDE 2, INC.

Principal Place of Business

8367 BIRD ROAD
MIAMI FL 33155
US

Mailing Address

8367 BIRD ROAD
MIAMI FL 33155
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

1st MOORE

CR2E034 (10/05)

☒ 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 Now Registered Agent

ZOBERG, BARBARA
8367 BIRD ROAD
MIAMI FL 33155

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 re-stating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

P/D

☐ Delete

TITLE

☐ Change ☐ Addition

NAME

ZOBERG, BARBARA

NAME

STREET ADDRESS

8367 BIRD ROAD

STREET ADDRESS

CITY-ST-ZIP

MIAMI FL 33155

CITY-ST-ZIP

TITLE

☐ Delete

TITLE

☐ Change ☐ Addition

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: Barbara Zoeborg, President - April 24, 2006

Printable and typed or printed name of signing officer or director

Daytime Phone #

06 JUN 20 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA