2008 FOR PROFIT CORPORATION

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OMENICO ERRACE NOF HEE, FL 334	RTH 70		ed office or registe	IN.	THIS SP	ACE	
gnature, typed or printed	name of registered agent and title	ił applicable (NOTE Ragistere	id Agent signature require	ed when reinstating)		DATE	
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	OMENICO ERRACE NOFHEE, FL 334 The state of registered and registe	ONOT WRITE ONOT WRITE 6. Name and Address of Current Regi OMENICO ERRACE NORTH HEE, FL 33470 amed entity submits this statement for the as of registered agent. Institute, typed or printed name of registered agent and title NOWILL FEE IS \$150.00 1, 2008 Fee will be \$550.00 OFFICERS AND DIRE	A 405 161 TERRACE NORTH LOXAHATCHEE, FL 33470 O NOT WRITE IN THIS SPA 6. Name and Address of Current Registered Agent OMENICO ERRACE NORTH HEE, FL 33470 amed entity submits this statement for the purpose of changing its register as of registered agent. Include, typed or printed name of registered agent and title it applicable (NOTE Registered 1, 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS OARILLA, DOMENICO 1405 161 TERRACE NORTH	A405 161 TERRACE NORTH LOXAHATCHEE, FL 33470 US ONOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent OMENICO ERRACE NORTH HEE, FL 33470 amed entity submits this statement for the purpose of changing its registered office or registers of registered agent. NOTE Registered Agent signature required to the purpose of changing its registered office or registers of registered agent. NOWILL FEE IS \$150.00 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS BARILLA, DOMENICO 1405 161 TERRACE NORTH OXAHATCHEE, FL 33470	ACCE NORTH LOXAHATCHEE, FL 33470 US O4262008 OFFICERS AND DIRECTORS O4262008 4. FEI Numb 20-24 5. Certificate (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS O4262008 4. FEI Numb 20-24 5. Certificate (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OAARILLA, DOMENICO 1405 161 TERRACE NORTH OXAHATCHEE, FL 33470	ARACE NORTH LOXAHATCHEE, FL 33470 A FEI Number 20-2451991 S. Certificate of Status Desired North Write In This Space A FEI Number 20-2451991 S. Certificate of Status Desired A FEI Number 20-2451991 S. Certificate of Status Desired IN THIS SP A FEI Number 20-2451991 S. Certificate of Status Desired IN THIS SP A FEI Number 20-2451991 S. Certificate of Status Desired IN THIS SP A FEI Number 20-2451991 S. Certificate of Status Desired IN THIS SP A FEI Number 20-2451991 S. Certificate of Status Desired IN THIS SP A FEI Number 20-2451991 S. Certificate of Status Desired IN THIS SP IN THIS SP A FEI Number 20-2451991 S. Certificate of Status Desired A FEI Number	

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 like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

VSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR