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Secretary of State

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04032007 Chg-P CR2E034 (12/06)

4. FEI Number	Applied For
20-2725325	Not Applicable

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

Principal Place of Business	Mailing Address
805 LEE RD ORLANDO, FL 32810	18039 SAXONY LANE ORLANDO, FL 32820

2. Principal Place of Business - No P.O. Box # 805 Lee Rd	3. Mailing Address 18039 Saxony Ln
Subj. Apt #, etc	Subj. Apt # etc

[illegible]

City & State Orlando FL	City & State Orlando FL
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Zip 32810	Country Orange	Zip 32820	Country Orange
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6. Name and Address of Current Registered Agent	
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MISA, ALBAN 18039 SAXONY LANE ORLANDO, FL 32820	Name
	Street Address
	City

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, date, address, agent and title (addressed to) _____

NOTE: Incomplete Agent Signatures are required when mail is being _____

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
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10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE NAME STREET ADDRESS CITY-S -ZIP	P MISA, ALBAN 18039 SAXONY LANE ORLANDO, FL 32820	☐ Delete	FULL NAME STREET ADDRESS CITY-S -ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-S -ZIP	D AHMETAJ, ENKELCIDA 18039 SAXONY LANE ORLANDO, FL 32820	☐ Delete	FULL NAME STREET ADDRESS CITY-S -ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-S -ZIP		☐ Delete	FULL NAME STREET ADDRESS CITY-S -ZIP	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-S -ZIP		☐ Delete	FULL NAME STREET ADDRESS CITY-S -ZIP	☐ Change	☐ Addition

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 the report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 667, Florida Statutes, and that my name appears in Block 10 or Block 11 of the filing of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1991

1990-1991