

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

5640 NW 61 STREET  
#1403  
COCONUT CREEK, FL 33073 US

**DO NOT WRITE IN THIS SPACE**



03102008 No Chg-P CR2E034 (11/05)

Applied For
Not Applicable

**\$8.75** Additional  
Fee Required

SHARONY, OREN  
5640 NW 61 STREET  
#1403  
COCONUT CREEK, FL 33073

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IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHARONY, OREN
STREET ADDRESS	5640 NW 61 STREET
CITY - ST - ZIP	COCONUT CREEK, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/08 (941) 536-6723  
Date Daytime Phone #