

P05000069282

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30017618

[illegible]

03162006 Chg-P CR2E034 (11/05)

4. FEI Number 68-0606110	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 New Registered Agent	
JAMES, RICARDO 1107 CAMEO CIRCLE WEST PALM BEACH, FL 33417	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 RICARDO JAMES - PRESIDENT MARCH 17, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE

<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p>\$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	Ricardo James 1107 Cameo Circle West Palm Beach FL 33417	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	CELINA JAMES 1107 CAMEO CIRCLE WEST PALM BEACH, FL 33417
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE <input type="checkbox"/> Delete 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 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 names empowered.

SIGNATURE: RICARDO JAMES - PRESIDENT MARCH 17, 2006 (561)584-4997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date