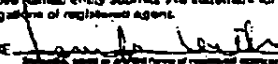


FILED
Jun 27, 2006 8:00 am
Secretary of State

06-27-2006 90036 007 ***150.00

DOCUMENT # P05000071819			
1. Entity Name JENNIFER GRILLO PA			
Principal Place of Business 7325 SW 82 STREET MIAMI, FL 33143		Mailing Address 7325 SW 82 STREET MIAMI, FL 33143	
2. Principal Place of Business 1708 Beach Parkway West Suite, Apt. 8, etc.		3. Mailing Address 1708 Beach Parkway West Suite, Apt. 8, etc.	
City & State Cape Coral, Florida		City & State Cape Coral, Florida	
Zip 33914	Country U.S.A.	Zip 33914	Country U.S.A.
4. Name and Address of Current Registered Agent GRILLO, JENNIFER 7325 SW 82 STREET MIAMI, FL 33143		5. Name and Address of New Registered Agent Name Jennifer Grillo Street Address (P.O. Box Number is Not Acceptable) 1708 Beach Parkway West City Cape Coral, Florida FL Zip Code 33914	
6. The above named entity submits the 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 		DATE 05-01-2006	
FEE: \$650.00 Due by September 8, 2006		B. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP P GRILLO, JENNIFER 7325 SW 82 STREET MIAMI, FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP P Jennifer Grillo 1708 Beach Parkway West Cape Coral, Florida 33914	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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 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 an other like embossed.			
SIGNATURE: 		DATE 05-01-2006	