City & State City & State 4. FEI Number 20-3719514 Zip Country Zip Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered DIAZ, NEREIDA 19163 BAOY AVE PORT CHARLOTTE, FL 33948 Name 6. 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 a the obligations of registered agent. SiGNATURE Street Address for Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 7. Added to Fees DIAZ, NEREIDA 1963 BAOY AVE PORT CHARLOTTE, FL 33948 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 7. Added to Fees DIAZ, NEREIDA 1963 BAOY AVE PORT CHARLOTTE, FL 33948 11. ADDITIONS/CHANGES TO OFFICERS A ITHE NAME STREET ADDRESS CITY-ST-ZP Delete NAME STREET ADDRESS CITY-ST-ZP	E034 (12/06)
5090 PALM AVE HIALEAH, FL 33012 5090 PALM AVE HIALEAH, FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 04252008 Chg-P CR2 Chy & State 2. Org & State 04252008 Chg-P CR2 Chy & State 2. Org / State 2. Org / State 04252008 Chg-P CR2 Chy & State 2. Org / State 2. Org / State 2. Org / State 2. Org / State 04252008 Chg-P CR2 Zip Country Zip Country 5. Certificate of Status Desired D 8. New and Address of Current Registered Agent Name 7. Name and Address of New Registere Name PORT CHARLOTTE, FL 33948 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) StGMATURE Street Address of ported neme of ingesed agent and title 4 cookcate. (NOTE: Registered Agent signature registered agent, or both, in the State of Florida. Ta flore the obligations of registered agent. DAT StGMATURE State of Ported neme of ingesed agent and title 4 cookcate. (NOTE: Registered Agent signature register defeed to Fees StGMATURE State of Ported neme of ingesed agent and title 4 cookcate. (NOTE: Regi	E034 (12/06)
Suite, Apt. #, etc. Suite, Apt. #, etc. 04252008 Chg-P CR2 City & State City & State 4. FEI Number 20-3719514 Zip Country Zip Country S. Certificate of Status Desired Image: Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Name Image: Country S. Certificate of Status Desired Image: Country 19163 BAOY AVE PORT CHARLOTTE, FL 33948 Street Address (P.O. Box Number is Not Acceptable) City F 8. The above named dritity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. La the obligations of registered agent. Street Address (P.O. Box Number is Not Acceptable) SIGNATURE: Street is \$150,00 Image: Country Street Registered Agent strater requeed when reinstating) DAT SiGNATURE: Street Is \$150,00 Image: Country Image: C	E034 (12/06)
City & State Country Country Country Country S. Certificate of Status Desired Country S. Certificate of Status Desired City S. Certificate of Status Desired Name Street Address of New Registered City S. Certificate of Status Desired Street Address (P.O. Box Number is Not Acceptable) City S. Certificate of Status Desired City S. Certificate of Status Desired Street Address (NOTE: Registered agent, or both, in the State of Florida. La State of Florida. La State of Ported remed registered agent and title 4 epocable, City S. Certificate of Status Desired State S	· · · · · · · · · · · · · · · · · · ·
Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered DIAZ, NEREIDA 19163 BAOY AVE PORT CHARLOTTE, FL 33948 Name City Etreet Address (P.O. Box Number is Not Acceptable) City F 3. 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 a the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent agent and title if applicable. PREFINE PS DiAZ, NEREIDA 9. Election Campaign Financing Trust Fund Contribution. PS OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND INFECT ADDRESS CITY-S1-2P	
	Applied For Not Applicab
DIAZ, NEREIDA 19163 BAOY AVE PORT CHARLOTTE, FL 33948 City City F City F C	\$8.75 Additional Fee Required
19163 BAOY AVE Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE, FL 33948 City It he above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. La the obligations of registered agent. Street Address (P.O. Box Number is Not Acceptable) City F City F Street Address (P.O. Box Number is Not Acceptable) City F City F Street Address (P.O. Box Number is Not Acceptable) City F City F Street Address (P.O. Box Number is Not Acceptable) City F City F Street Address (P.O. Box Number is Not Acceptable) F City F Street Address (P.O. Box Number is Not Acceptable) F Street Address (P.O. Box Number is Not Acceptable) F Street Address (P.O. Box Number is Not Acceptable) F Street Address (P.O. Box Number is Not Acceptable) F Street Address (P.O. Box Number is Not Acceptable) F Street Address (P.O. Box Number is Not Acceptable) F Street Address (P.O. Box Number is N	ed Agent
International of registered agent. INGNATURE Signature. typed or printed neme of registered agent and title if applicable. (NOTE: Registered Agent signature (equired when reinstating) DAT FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$4ded to Fees 0. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS A IILE PS Delete IIILE MARE. DIAZ, NEREIDA IDelete IIILE IY-S1-ZIP PORT CHARLOTTE, FL 33948 CITY-S1-ZIP CITY-S1-ZIP	Zip Code
PS Delete TITLE AME DIAZ, NEREIDA NAME 19163 BAOY AVE STREET ADDRESS PORT CHARLOTTE, FL 33948 CITY-ST-ZIP	
TREET ADDRESS 19163 BAOY AVE STREET ADDRESS PORT CHARLOTTE, FL 33948 CITY-ST-ZIP	ND DIRECTORS IN 11
IIILE Delete IIILE AME NAME TREET ADDRESS STREET ADDRESS ItY-S1-ZIP CITY-S1-ZIP	Change 🗌 Addilio
ITLE I Delete ITTLE NAME AME STREET ADDRESS - STREET ADDR	🗋 Change 🗌 Additio
ITLE □ Delete TITLE AME NAME NAME IREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP	🗌 Change 🔲 Additio
ITLE Delete TITLE AME NAME NAME IRLET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP	Change 🗌 Additio
ITLE INDELET ADDRESS CITY-ST-ZIP	🗌 Change , 🚺 Addilio

-

-.