

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-26-2007 90042 035 ***150.00

DOCUMENT # P06000031073-				Secretary of State 01-26-2007 90042 035 ***150.00	
1. Entity Name CRAIG BATZEL, INC					
Principal Place of Business 2456 NE 22ND TERRACE FORT LAUDERDALE FL 33305		Mailing Address 2456 NE 22ND TERRACE FORT LAUDERDALE FL 33305			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. EEL Number 20-4410202	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BATZEL, CRAIG 2456 NE 22ND TERRACE FORT LAUDERDALE FL 33305				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				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.				FL Zip Code	
SIGNATURE <i>Craig Batzel</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.)				DATE <i>2/1/07</i>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DATE	NAME	STREET ADDRESS	CITY ST ZIP	DATE	NAME
	BATZEL, CRAIG	2456 NE 22ND AVENUE	FORT LAUDERDALE FL 33305		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>[Signature]</i>				2/1/07 959586700	