2008 FOR PROFIT CORPORATION

FILED Feb 25, 2008 08:00 AM te

		IVEI OIVI			C CC
DOCUMENT # P06000087513 1. Enuty Name NOLASCO CORPORATION					Secretary of Sta
Principal Plac	e of Business	Mailing Address		1	
420 PALM A	VENUE	420 PALM AVENUE			
HIALEAH, FL	. 33010	HIALEAH, FL 33010			
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	O NOT WRITE	IN THIS SP	ACE	4. FEI Number	Applied For
4,	William Control of the Control of th			20-5244313	Not Applicable
• .				5. Certificate of Status Desired	\$8.75 Additional
	C Nows and Address of Course	The state of the s	ha silika, umbasilman	and the deal and the state of the	Fee Required
	6. Name and Address of Current	Registered Agent		Carried State of Land War	They want out the second of the second
NOLASCO	D, AMADOR .		Contract Man	DO NOT V	VRITE
420 PALM AVENUE					ar, bet was a office of the failed the
HIALEAN,	FL 33010			IN THIS S	PACE
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			Soll & F. P. Salking	and the land of the property of the second	
	e named entity submits this statement for tions of registered agent.	r the purpose of changing its reg	istered office or registe	red agent, or both, in the State of	Horida. Tam tamiliar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable (NOTE, Re	gistered Agen) signature require	d when reinstating)	DATE
ļ <u></u>					
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.	9. Election Campaign Trust Fund Contribu		.00 May Be ded to Fees	
10.	OFFICERS AND	DIRECTORS	รียวสหรัฐ เพยเลร์ เรียกวายเรีย		Carlogary is any that are the com-
TITLE	D				Cartilla and the state of the state of
NAME	NOLASCO, AMADOR				યું છેલું કુલીક હોય છે. જે માર્કિક માટે મુખ્ય કર્યું છે. જે મુખ્ય કર્યું છે. જે માર્કિક માટે કર્યું થઈ છે. જે હોંદિયા કે પ્રાથમિક હાલ્યા માટે કર્યું છે. જે જોઈ જો લોક કર્યું કર્યું છે. જે જો
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NAME	NOLASCO, ANGEL			a. 17 april 1947 (08-80066-020 150:00 [
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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 path; that I am an officer or director of the corporation or the receiver or trustae 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR