

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

0004

[illegible]

03172007 Chg-P CR2E034 (12/06)

4. FEI Number	20-5195797	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**

NUNEZ, JOSE D  
4845 SOUTHDOLD STREET  
ORLANDO, FL 32808

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	EL 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**

Rose A. Nunes,  
Signature, typed or printed name of registered agent and title if applicable

Pres.

NOTE: Registered Agent signature required when registering.

04/16/07

**DAT**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution, ☐ **\$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES	<input type="checkbox"/> Delete
NAME	NUNEZ, JOSE D	
STREET ADDRESS	4845 SOUTHD STREET	
CITY-ST-ZIP	ORLANDO, FL 32808	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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		

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		

TITLE	<input type="checkbox"/> Deleted
STREET ADDRESS	
CITY, ST, ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

UNIT STREET	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	

TITLE NAME STREET ADDRESS CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Deleted
NAME	
STREET ADDRESS	

CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	

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 like empowered.

**SIGNATURE: X**

Paul D. Wink, Pres  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/07

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### Dead-end Effects

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