

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # P06000107505



Mailing Address  
4040 N.E. 13TH AVENUE  
POMPANO BEACH, FL 33064 US

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip	Country
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4. FEI Number

20-5447875

Applied For	
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Not Applicable
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### 5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Joseph Castro

Street Address (P.O. Box Number is Not Acceptable)

4330 NW 45th Terrace

City

Coconut Creek

51

Zip\_Code

Zip Code  
33073

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete☒ Delete☒ Delete☐ Delete☐ Delete☐ Delete☐ Change    ☐ Addition☐ Change    ☐ Addition☐ Change    ☐ Addition☒ Change    ☐ Addition☐ Change      ☐ Addition☐ 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 all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone # \_\_\_\_\_