

**FILED**  
**May 29, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # P06000151032



Mailing Address  
10911 N LAKEVIEW DRIVE  
PEMBROKE PINES, FL 33026

3. Mailing Address  
10846 LIMEBERRY DR.

Suite, Apt. #, etc

City & State  
COOPER CITY, FL

Country **U.S.A.**Country **U.S.A.**

CR2E034 (12/06)

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

TOBON, ANDRES

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

10846 LINEBERRY DR

City

COOPER CITY

FL

Zip Code **33026**

SIGNATURE ANDRES TOBON

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

(NOTE: Registered Agent signature required when reinstating)

05/13/07  
DATE

DATE \_\_\_\_\_

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<p><b>P</b></p> <p><b>TORON, ANDRES</b></p> <p><b>10846 LIMEBERRY DR</b></p> <p><b>COOPER CITY, FL 33026</b></p>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

TITLE	<b>T</b> <b>TOBSON, ANDRES</b> <b>10846 LINDBERRY DR</b> <b>COOPER CITY, FL 33026</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

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

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

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:**

ANDRES TORON

05/12/07

954-445-7229

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cat

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