

DOCUMENT # P07000116196




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LEGISLATIVE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

[illegible]

10242008 REIN-P CR2E098 (1/07)

Principal Place of Business 100 OCEAN TRAIL WAY UNIT 207 JUPITER, FL 33477 US		Mailing Address 100 OCEAN TRAIL WAY UNIT 207 JUPITER, FL 33477 US		SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		10242008 REIN-P CR2E098 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 26-1291530	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALLUZZO, MARIA 100 OCEAN TRAIL WAY UNIT 207 JUPITER, FL 33477		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

PAT

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GALLUZZO, MARIA 100 OCEAN TRAIL WAY, UNIT 207 JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300137581793 11/03/08--01073--002 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GALLUZZO, DOMINIC 100 OCEAN TRAIL WAY, UNIT 207 JUPITER, FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone