2006 FOR PROFIT CORPORATION

2004 08·00 AM

Daytime Phone #

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1. Entity Nam	MENT # P930000179	92		Secretary of State
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Principal Plac	ce of Business	Mailing Address	·	7
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	34104 US	NAPLES, FL 34104 US		1
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		A STATE OF THE STA	B) https://www.	CP 75 Additional
{			A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current Rec	istered Agent	{	Control of the second of the s
CODUCCI	n pupak		}	
SORHEGUI, RUBAN 3876 MERCANTILE AVE				DO NOT WRITE
NAPLES, FL 34104			,	IN THIS SPACE
}			}	IN THIS SPACE
{		f _		
8. The above	e named entity submits this statement for the	purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
the obligat	tions of registered agent.			
SIGNATURE.	مس بديده		-	
SIGNATURE.	Signature, typed or printed name of registered agent and ti	te if applicable. (NOTE, Registere	d Agent signature required	d when reinstating) DATE
		7		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 9. Election Campaign Finar Trust Fund Contribution. 	· — • • • •	i.00 May Be
		. }	<u> </u>	
10. TOTLE	OFFICERS AND DIR	ECTORS	f :- "	
NAME	SORHEGUI, RUBEN	-	į.	
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City-St-Zip	NAPLES, FL	. ^ '4	}	000000387920 01/19/06-80057-018 150.00
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NAME	SORHEGUI, ANTONIO			n en
STREET ADDRESS	3876 MERCANTILE AVE			TO NOT WOITE
CITY-ST-ZIP	NAPLES, FL	<u> </u>	A - cattle columnia.	DO NOT WRITE
TITLE	STD		•	IN THIS SPACE
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	certify that the information submited with this	filling does not qualify for the evi	emptions contained	d in Charles 119 Provide Statutes I further certify that the information
12. I hereby certify that the information subplied with this filling does not qualify for the examptions 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 of trustee expowered 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.				
Called And Alled				
SIGNATURE: XITCHEU & MICH 1900				

SIGNATURE AND TYPED OR PRINTED NAME OF FIGHING OFFICER OR DIRECTOR