

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # P94000045741

Mailing Address
11900 BISCAYNE BLVD., STE 700
MIAMI, FL 33181

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

CR2E034 (10/03)

Applied For	
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Not Applicable

☒ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

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

TITLE	CEOC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAMINSKY, ILENE		
STREET ADDRESS	11900 BISCAYNE BLVD., #700		
CITY-ST-ZIP	MIAMI, FL 33181		

TITLE	VS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GAMBONE, DEBORAH		
STREET ADDRESS	11900 BISCAYNE BLVD., #700		
CITY-ST-ZIP	MIAMI, FL 33181		

TITLE	CFOD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GREENMAN, IRVING		
STREET ADDRESS	11900 BISCAYNE BLVD., #700		
CITY - ST - ZIP	MIAMI, FL 33181		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GOLDSTEIN, SHELDON		
STREET ADDRESS	11900 BISCAYNE BLVD., #700		
CITY-ST-ZIP	MIAMI, FL 33181		

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PALMER, ROBERT		
STREET ADDRESS	11900 BISCAYNE BLVD., #700		
CITY-ST-ZIP	MIAMI, FL 33181		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Deborah Gambone DEBORAH GAMBONE SECRETARY 3/29/05 305-503-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____