FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNU	RPORATION UAL REPORT Secretary of State Division of Corporations			ons			
DOCUI	MENT # P9		73	·			
Principal Place	e of Business	Mailing	Address	,) (1814) 16 16 16 16 16 16 16 16 16 16 16 16 16	
704 W. SR 436 STE 100 ALTAMONTE SI US	PRINGS FL 32714	STE 100	704 W. SR 436 STE 100 ALTAMONTE SPRINGS FL 32714 US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
2. Principal P	lace of Business	h 1	2a. Mailing Address			07/25/1994 4. FEI Number Applied For Not Applicable	
Suite, Apt.		Suit 27	Suite, Apt. #, etc.			5. Certifcate of Status Desired See Required	
23	City & State 3 Zip Country		City & State 28 Zip Country			6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution \$5.00 May Be Added to Fees	
24	25	29 29 ss of Current Registered	[30]			8. This corporation owes the current year Intengible Personal Property Tax. Yes []No 10. Name and Address of New Registered &gent	
RIVERA, ANTONIO M 3220 TIMOTHY ST. APOPKA FL 32703				81 82 83	81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
11 Pursuant office or nagent. I a	to the provisions of Section egistered agent, or both, m familiar with, and acce	ons 607.0502 and 607.15 in the State of Florida, Si pt the obligations of, Sec	i08, Ftorida Statutes uch change was aut tion 607.0505, Ftorid	s, the above thorized by da Statutes	City named corp the corporation	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of				l signatire fequire	d wher renstating DATE	
12. TITLE NAME STREET ADORESS	D RIVERA, ANTONIO 3220 TIMOTHY ST.	FICERS AND DIRECTO	☐ DELETE	13. 1.1 TITLE 12 NAME 13 STREET	ADDRESS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] Change	
CITY-ST-ZIP TITLE NAME	APOPKA FL 32703 D RIVERA, MERCEDES		DELETE	14 CITY-SI 21 TITLE 22 NAME	f-ZiP	[] Change [] Addition	
STREET ADDRESS CITY-ST-ZIP TITLE	3220 TIMOTHY ST. APOPKA FL 32703 D CAJIGAS, JOSE		☐ DELETE	23 STREET 2 4 CITY-S 31 TITLE		000029071602 -06/17/99-01015-011 ****150.08 *****150.00	
NAME STREET ADDRESS CITY-ST-ZIP TITLE	SOO SEEDS E MENUNIA		DELETE	32 NAME 33 STREET 34 CITY-S 41 TITLE	1	Change C Addition	
NAME STREET ADDRESS CITY-ST-ZIP			_ occert	4 2 NAME 4.3 STREET 4.4 CITY-ST	1	[] Criange [] Addition	
TITLE NAME STREET ADDRESS			☐ DELETE	51 TITLE 52 NAME 53 STREET		☐ Change ☐ Addilion	
CITY-ST-ZIP TITLE NAME			[] DELETE	54 CITY-SI 61 TITLE 62 NAME	T-21P	Change [] Addition	
STREET ADDRESS				63 STREET		(AL)	

14. Thereby 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 12 or Block 13-8 changed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

CiTY-ST-ZIP

Daytime Phone #