FOR PROFIT CORPORATION

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

DOC	UMENT # P9300003		RT (U	BR)	Jan 29, Secret	4UU tawa	of State
1. Entity N	lame P9300003	3232	•. •		01.20.20	laiy	of State
Conqu	uistador Enterprises	Inc.	,		01-29-200	13 90303	002 ***450.00
garant gave .	DO NOT WRIT	E IN TUIC					
			PAL				
2. Principal Place of Business 2949 SR 434 West		3. Mailing Address			·		
Suite, Apt. #, etc.		Same Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
Suite City & St		City & State	<u> </u>			E IN THIS S	SPACE
Longw Zip	ood, FL 32779			4. FEI Number 59 - 3276105		Applied For	
Edictive One Operation	Country	Zip	Coun	try	5. Certificate of Status Desired		\$8.75 Additional
		And the second s	White the same	Name	7. Name and Address of Current	Registered	Required Agent
	DO NOT W	IRITE		Georg	e Donovan		
	INATHIS SI	PACE		Sireet Address (P	O. Box Number is Not Acceptable	-	
				2949	SR 434 West, Suite	300	
8. The abov	e named entity submits this statement t	or the purpose of change		City _	_	F 1	Zip Code 32779
the obliga	e named entity submits this statement f ations of registered agent.	or the barbosa of custiding it	ts registere	d office or registere	d agent, or both, in the State of Flor	da. I am far	miliar with, and accept
SIGNATURE	Signature, typed or printed riffine of registered agent	morri				bal	
, Yu	nuary 1 May 1 Fee is \$150.00	and life if applicable. (NO	TE: Registered	Agent signature required w	hen reinstating)	7 24-7 (DATE) 3
Make Checi	After May 11 Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of				Election Campaign Finar Trust Fund Contribution.	icing 🗆	\$5.00 May Be Added to Fees
TITLE	OFFICERS AND Donovan, George P	•	Amue.			garaga ga	TO THE STATE OF TH
NAME STREET ADDRESS CITY-ST-ZIP	2949 SR 434 West, Longwood, FL 3277	Suite 300	NAME	ADDRESS			
TITLE Name :			nne				A CONTRACT OF THE PARTY OF THE
STREET ADDRESS CITY-ST-ZIP			NAME STREET CITY: ST	ADDRESS			
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TY-ST-ZIP			STREET AL	the second second			Mary Control
TLE IME	,		Since	<u> </u>	The second secon	ara na la factional	ábne.
REET ADDRESS			NAME STREET AD	ORESS			
TY-ST-ZIP 2. I hereby cer	tify that the information supplied with the	us filing doc	LCITY-ST-2	18. A.	THE RESERVE OF THE PARTY OF THE		
indicated or of the corporattachment	tify that the information supplied with the highest properties to supplemental report is transition or the receiver or trustee empower than address, with all other like empowers.	ue and accurate and that my vered to execute this report a owered.	ne exempti signature : es required	on stated in Section shall have the same I by Chapter 607, Fli	119.07(3)(i), Florida Statutes, I furth legal effect as if made under oath; orida Statutes; and that my name a	ner certify the that I am an opears in B	nat the information officer or director

1/24/03