

FILED
Mar 21, 2005 8:00 am
Secretary of State

DOCUMENT # P95000014718

The seal of the State of Florida is a circular emblem. It features a central shield with a palm tree and a sun. The shield is surrounded by a wreath. The outer border of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

Mailing Address
1509 LYONS ROAD
COCONUT CREEK, FL 33063

3. Mailing Address


Suite, Apt. #, etc.

City & State

Country

CR2E034 (10/03)

Applied For
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

¹Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ORETSKY, LLOYD	
STREET ADDRESS	8090 WILES RD.	
CITY - ST - ZIP	CORAL SPRINGS, FL 33065	

TITLE	V	<input type="checkbox"/> Delete
NAME	ORETSKY, JUDITH	
STREET ADDRESS	8090 WILES RD.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	

TITLE	T	<input type="checkbox"/> Delete
NAME	ORETSKY, TODD	
STREET ADDRESS	8090 WILES RD.	
CITY-ST- ZIP	CORAL SPRINGS, FL 33065	

TITLE	S	<input type="checkbox"/> Delete
NAME	ORETSKY, JOSH	
STREET ADDRESS	8090 WILES RD.	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

☐ Delete

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #