CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

## 2007 FOR PROFIT CORPORATION

## **FILED** May 02. 2007 08:00 A

	ANNOAL	EFURI			1410	y $02, x$	2007 00.0°	
DOCUMENT # P95000035777					Secretary of Star			
	AMATEIS, P.A.							
Principal Plac	ce of Business	Mailing Address	J					
7791 PEBB	LE BEACH CT.	7791 PEBBLE BEACH CT.						
LAKE WORTI	H, FL 33467	LAKE WORTH, FL 33467						
DO NOT WRITE IN THIS SPACE				04282007	04282007 No Chg-P CR2E034 (11/05)			
				4. FEI Numl 65-05			Applied For Not Applicable	
					e of Status Desired		3.75 Additional	
			<del>,</del>	J. Continuat	- Olatus Desired	Fe:	e Required	
<del></del>	6. Name and Address of Current Reg	istered Agent	-		•			
AMATEIS, ROLAND 7791 PEBBLE BEACH CT. LAKE WORTH, FL 33467				חח	NOT W	RITE	}	
D(2 110				IN	THIS SI	PACE		
8. The above	a named entity submits this statement for the	purpose of changing its register	ed office or rec	istered agent, or b	oth, in the State of F	lorida. Lam farr	niliar with, and accept	
the obliga	tions of registered agent.	, p = p = = = 0, 0, 10 - 10 - 10 - 10 - 10 - 10 - 10		, october a governor as				
SIGNATURE				<del></del>				
	Signature, typed or printed name of registered agent and tr	le if applicable (NGTE: Registere	ed Agent algneture re	quired when reinstating)	<del>,</del>	DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIR	CTORS		· · · · · · ·	<del></del>			
TITLE	PSTD		1					
NAME STREET ADDRESS	AMATEIS, ROLAND 7791 PEBBLE BEACH CT.		1				1	
CITY-\$1-ZIP	LAKE WORTH, FL 33467		ļ					
TITLE			1					
NAME CERCET ADDRESS								
STREET ADDRESS CITY-ST-ZIP								
TITLE			1					
NAME								
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TITLE								
NAME				IN	THIS SI	PACE		
STREET ADDRESS								
CITY-SI-ZIP		· · · · · · · · · · · · · · · · · · ·	1					
TITLE NAME							}	
STREET ADDRESS			1					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions 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 or mostee impowered 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 enpowered.

U SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

Daytique Phone #

U00000756753

05/23/07-80042-025 150.00