

DOCUMENT # P95000053721

PO BOX 559051
MIAMI, FL 33255

FILED
Apr 04, 2008 08:00 AM
Secretary of State



01302008 No Chg-P CR2E034 (11/05)

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OSMAN, L. MICHAEL
1474-A WEST 84 STREET
HIALEAH, FL

**DO NOT WRITE
IN THIS SPACE**

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.

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------|
| TITLE | PTD |
| NAME | ZARDOYA, JORGE |
| STREET ADDRESS | PO BOX 559051 |
| CITY - ST - ZIP | MIAMI, FL 33255 |

| | |
|----------------|------------------|
| TITLE | VP |
| NAME | ZARDOYA, MARIA I |
| STREET ADDRESS | PO BOX 559051 |
| CITY-ST-ZIP | MIAMI, FL 33255 |

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|----------------|----|----|----|----|
| TITLE | | | | |
| NAME | -- | -- | -- | -- |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |

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| TITLE | |
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| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

04/15/08-80050-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 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

J. ZARDOYA, PRES.

Date _____

Daytime Phone # _____