Suile, Apt. #, etc.       Suile, Apt. #, etc.       1st MOORE       CR2E034 (10/06)         City & State       4. FEI Number       59-3365605       Ap         Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Add         Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Add         Fee Required       6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Research agent         CAPELLO, VICTOR       Please Connect !!       Name       Street Address (P.O. Box Number is Not Acceptable)         ALTAMONTE SPRINGS FL 32714       Street Address (P.O. Box Number is Not Acceptable)       Etcl Address of Florida. Lam familiar with, the obligations of registered agent.         Street Address of registered agent.       (NOTE Registered Agent signature required when reinstating)       DATE         Signature. Yood or printed name of registered agent and life r applicable.       (NOTE Registered Agent signature required when reinstating)       DATE         Fille NOW!!!       FEE IS \$150.00       9. Election Campaign Financing       \$5.	olied For Applicabl tional
2. Principal Place of Business - No P.O. Box #       3. Mailing Address         Suile, Apt. #, etc.       Suilo, Apt. #, etc.         Suile, Apt. #, etc.       Suilo, Apt. #, etc.         City & State       4. FEI Number 59-3365605         Zip       Country         Zip       Country         Suile, Apt. #, etc.       State         4. FEI Number 59-3365605       No         Zip       Country       S. Cortificate of Status Desired         State       7. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         CAPELLO, VICTOR       Please Cockeed !!!       Name         784 BALDA DR       7.84 BALDA DR       7.84 BALDA DR         ALTAMONTE SPRINGS FL 32714       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       I an familiar with, the obligations of registered agent.         SiGNATURE       Signature by the of prestored agent and lifter applicable       (NOTE Regetered Agent signature registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.         SiGNATURE       Signature by the of prestored agent and lifter applicable       (NOTE Regetered Agent signature registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.         SiGNATURE       Signature by the of presto	olied For Applicabl tional
City & State       City & State       4. FEI Number 59-3365605       Ap         Zip       Country       Zip       Country       S. Cortificate of Status Desired       \$8.75 Add         Zip       Country       Zip       Country       S. Cortificate of Status Desired       \$8.75 Add         CAPELLO, VICTOR       Picos Connect       II       Name       Name       Street Address of New Registered Agent         784 BALD&D DR       784 BALD&D Connect       II       Name       Street Address (P.O. Box Number is Not Acceptable)         ALTAMONTE SPRINGS FL 32714       City       FL       Zip Codd         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, the obligations of registered agent.       I am familiar with, the obligations of registered agent.         SIGNATURE       Signature, typed or preted reme of registered agent and the repplicable.       (NOTE Registered Agent signature reported when rematzing)       DATE         FILE NOW!!!       FEI IS \$150.00       After May 1, 2007 Fee Will Be \$550.00       Picotion Campaign Financing St.       St.         Make Check Payable to Florida Department of State       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         IIIH       Picotion Campaign Financing	Applicabl
Zip       Country       Zip       Country       S. Certificate of Status Desired       \$8.75 Add Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         CAPELLO, VICTOR       Picose Connect !!       Name         784 BALØA DR       784 BALØA DR       784 BALØA DR         ALTAMONTE SPRINGS FL 32714       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 registored office or registered agent, or both, in the State of Florida. Lam familiar with, the obligations of registered agent.       Street Address (P.O. Box Number is Not Acceptable)         SIGNATURE	Applicabl
Zip       Country       Zip       Country       5. Certificate of Status Desired       \$8.75 Add Fee Required         6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       7. Name and Address of New Registered Agent         CAPELLO, VICTOR 784 BALDA DR 784 BALDA DR ALTAMONTE SPRINGS FL 32714       Please Connect 11 Name       Name         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. Lam familiar with, the obligations of registered agent.       City       FL       Zip Code         SIGNATURE       Signature, yred or printed name of registered agent and life r applicable.       (NOTE Registered Agent signature required when reinstand)       DATE         FILE NOW!!!       FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State       (NOTE Registered Agent signature required when reinstand)       DATE         10.       OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       Addee         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS       11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent         CAPELLO, VICTOR       Please Connect !!         784 BALØA DR       784 BALSA OR         ALTAMONTE SPRINGS FL 32714       Street Address (P.O. Box Number is Not Acceptable)         6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, the obligations of registered agent.         SIGNATURE       Street Note: Registered Agent signature required when reinstating)         FILE NOW !!! FEE IS \$150.00       After May 1, 2007 Fee Will Be \$550.00         Make Check Payable to Florida Department of State       11.         10.       OFFICERS AND DIRECTORS         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS         11.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	)
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