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Mar 18, 2008 8:00 am
Secretary of State

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03102008 Chg-P CR2E034 (12/06)

4. FEI Number	Applied For
65-0748112	Not Applicable

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

6. Name and Address of Current Registered Agent

DOUGNAC, CARLOS
111 SOUTH 21ST AVE.
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name CARLOS DOUGNAT

Street Address (P.O. Box Number is Not Acceptable)
3451 NE 164th St

City	NORTH MIAMI BEACH	FL	Zip Code	33024
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

(NOTE: Registered Agent signature required when reinstalling)

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

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGNAC, CARLOS	
STREET ADDRESS	111 SOUTH 21 ST AVE	
CITY - ST - ZIP	HOLLYWOOD, FL 33020	

TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGNAC, MANUEL	
STREET ADDRESS	111 SOUTH 21ST AVE	
CITY - ST - ZIP	HOLLYWOOD, FL 33020	

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

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

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

TITLE	6	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARLOS DOUGNATE		
STREET ADDRESS	3900 HOLLYWOOD BLVD Suite 203		
CITY - ST - ZIP	HOLLYWOOD FL 33021		

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

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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 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: X g
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/08 954.914.8545

Date _____

Daytime Phone #