

FILED
Apr 13, 2007 8:00 am
Secretary of State

QUUJUT

04072007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3458963	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE
LUND, L. ALAN 1780 N. KROME AVE. HOMESTEAD, FL 33030		

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

Signature, 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, 2007 Fee will be \$550.00

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

10.		OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NENEZIAN, GEORGE 7000 ABERDEEN WAY MIAMI LAKES, FL 33014		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUND, L. ALAN 1780 N. KROME AVE. HOMESTEAD, FL 33030		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, JR., THOMAS R 17950 SW 285TH STREET HOMESTEAD, FL 33030		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

**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

04-07-07

Date _____

305-246-7502

Daytime Phone # _____