

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2004 8:00 am
Secretary of State

05-24-2004 90009 044 ***150.00

DOCUMENT #
1. Entity Name



DO NOT WRITE IN THIS SPACE

14022843

2. Principal Place of Business
Naples
Suite, Apt. #, etc.

3. Mailing Address
10711 N. Tamiami Tr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Naples, Florida
Zip
34108 Country
USA

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Naples, FL
Zip
34108 Country
USA

4. FEI Number
59-3473284
Applied For
☐ No: Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
John Vega
Street Address (P.O. Box Numbers Not Acceptable)
201 8th St. S., Suite 207
City
Naples FL Zip Code
34102

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]

5/21/04

January 1 - May 1 Fee is \$150.00

After May 1: Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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	<i>President Monika Bokelmann 1035 El Prado St. Naples FL 34103</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Secretary as above</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>Treasurer as above</i>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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 exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Monika Bokelmann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/04 239 5927900
Date Daytime Phone #

CR2E034B (12/02)