FILED Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90366 001 *1,500.00 2005 FOR PROFIT CORPORATION ANNUAL REPORT A THE STA DOCUMENT # D08000002067

125 N 46 AVE 125 N 46 AVE	1. Entity Name	RE USA OF DELRAY, IN							,	
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Sulfe, Apt. 8, etc. Sulfe, Apt. 8, etc. Sulfe, Apt. 8, etc. City & State City & State City & State Applied For	2. Principal Pla	ice of Business	3. Mailing Address			-				
Section Sect	Suite, Apt. #, etc. Suite, Apt. #, etc.			 -						
Country Zip Country St. Curlificate of Status Desired \$8.75 Auditoral Fee Required	City & State		City & State			(
8. Name and Address of New Registered Agent Name	Zip Country		Zip	Zip Country					8.75 Add	itional
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Curre	nt Registered Agent	J	Nama	7. Name and	Address of New R			
City FL Zip Code 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, and accept the obligations of registered agent. SIGNATURE Signature, speed or primed name of ingitizend agent and till of applicable. (IOTE Augmann Agent agrituhate inquirate agent and till of applicable. (IOTE Augmann Agent agrituhate inquirate agent and till of applicable. (IOTE Augmann Agent agrituhate inquirate agent and till of applicable. (IOTE Augmann Agent agrituhate inquirate agent and till of applicable. (IOTE Augmann Agent agrituhate inquirate agent and till of applicable. (IOTE Augmann Agent agrituhate inquirate agent and till of applicable. (IOTE Augmann Agent agrituhate invalvation agent agent and till of applicable. (IOTE Augmann Agent agrituhate invalvation agent agent and till of applicable. (IOTE Augmann Agent agrituhate invalvation agent agent agent and till of applicable. (IOTE Augmann Agent ag										
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B. 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 obligators of registered agent. SIGNATURE Signature, typed or protect name of implicated agent and the if applicable. (NOTE: Registered Agent spirature required when reinteding) DATE					City	<u> </u>		FI	Zip Code	
SIGNATURE Signature, special or process name of implications agent and life if expricable. (NOTE: Registered Apent algorithms required when remotationg) PILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE BUSH, GENE STREET ADDRESS CITY-51-2P HOLLYWOOD, FL 33021 TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME STREET ADDRESS CITY-51-2P TITLE NAME S	8. The above	named entity submits this statement	for the purpose of changing its	register	ed office or registe	ered agent, or bo	th, in the State of Flo		miliar with,	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE P BUSH, GENE STRET ADDRESS CITY-ST-ZP TITLE NAME SITER ADDRESS CITY-ST-ZP TITLE	_	ons of registered agent.								
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE	SIGNATURE_	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E Registere	id Agent eignature require	ad when reinstating)		DATE		
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