

FILED
Apr 30, 2007 8:00 am
Secretary of State

DOCUMENT # P98000027423

The Seal of the State of Florida is a circular emblem. It features a central figure of a woman, likely representing Justice or Liberty, holding a scale and a sword. The text "GREAT SEAL OF THE STATE OF FLORIDA" is inscribed around the top, and "IN GOD WE TRUST" is at the bottom.

Mailing Address

499 SE 13 STREET
5E
FORT LAUDERDALE, FL 33316 US

3. Mailing Address

3. Mailing Address
2420 SW 16th CT

Suite, Apt. #, etc.

City & State
FT. Lauderdale FL

Country
USCountry
US

CR2E034 (12/06)

Applied For
Not Applicable

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name AHMET GUVEN

Street Address (P.O. Box Number is Not Acceptable)

2420 SW 16th CT

City FT. Lauderdale

FL

Zip Code 33312

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

(NOTE: Registered Agent signature required when reinstating)

4/27/2007
DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

 Delete

☐ Delete☐ Delete☐ Delete☐ Delete

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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Change Addition

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-27-2000 Daytime Phone # _____