

FILED
Apr 17, 2006 8:00 am
Secretary of State

DOCUMENT # P98000033641

Mailing Address
P.O. BOX 322044
HOMESTEAD, FL 33032-2044

[illegible]

04052006 Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
16-1360837	Not Applicable

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

7. Name and Address of New Registered Agent

City

FL

Zip Code

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, 2006 Fee will be \$550.00

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

10.	OFFICERS AND DIRECTORS
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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	☐ Delete
NAME	CARDINELL, DEBORAH C	
STREET ADDRESS	28800 SW 132 AVE., B67	
CITY - ST - ZIP	HOMESTEAD, FL 33033	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	S	☐ Delete
NAME	CARDINELL, JACK A	
STREET ADDRESS	28600 SW 132 AVE., B67	
CITY - ST - ZIP	HOMESTEAD, FL 33033	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	☐ Delete
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CITY - ST - ZIP	

TITLE	☐ Change ☐ Addition
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CITY - ST - ZIP	

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CITY - ST - ZIP		

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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	☐ Change ☐ 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: Deborah C. Cardinell Deborah C. Cardinell, President/Treasurer 04/08/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Out

Discussion